

# Rotherham Sensory Toolkit

## Primary School (Age 4-11)



A resource to help identify basic strategies to support children who experience sensory differences.

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Developed by the Sensory Pathway team

Adapted from Autism West Midlands UK Sensory Profile 2014 and North Lincolnshire Sensory Toolkit 2019

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## Background to the toolkit

Understanding sensory processing is crucial for primary schools to effectively support children's learning and development within the educational environment. Sensory processing refers to how the nervous system receives, interprets, and responds to sensory information from the environment. It encompasses a wide range of sensory experiences, influencing how children perceive and interact with the world around them.

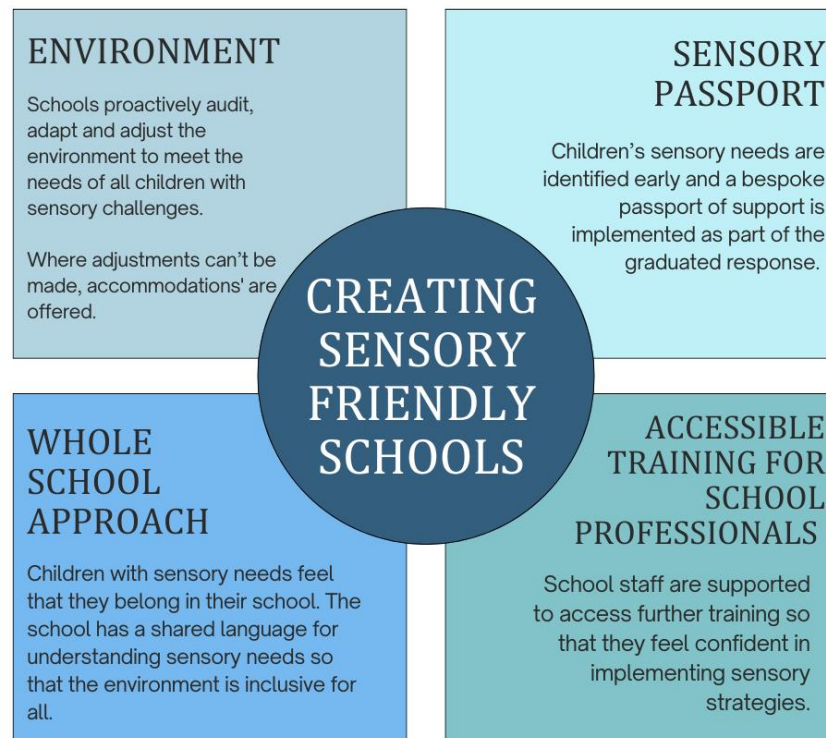
In addition to the traditional five senses of sight, hearing, taste, smell, and touch, there are three lesser-known senses that play significant roles in sensory processing: proprioception (awareness of body position and movement), vestibular (balance and spatial orientation), and interoception (sensing internal bodily functions). Each of these senses contributes to a child's ability to regulate emotions, engage in activities, and participate in learning tasks.

Each person's sensory experiences are unique, shaping our understanding of ourselves. We naturally seek out sensations that bring us pleasure while avoiding those that evoke discomfort. Employing sensory techniques, we can manage our responses, whether to stay alert, calm down, or relax, seeking behaviours that bring us balance and comfort.

Yet, some sensory encounters may prove challenging and distressing for certain individuals. Despite this, most of us can effectively regulate and navigate our sensory differences. However, when this regulation becomes difficult, it may impact our daily functioning, well-being, and ability to participate in learning.

The sensory environment in schools profoundly impacts children's ability to focus, learn, and regulate their emotions. An environment that is overly stimulating or lacking in sensory input can lead to difficulties with attention, behaviour, and emotional regulation. By creating a sensory-friendly environment that considers factors such as lighting, noise levels, and sensory materials, educators can support all children in achieving their full potential academically and socially.

This toolkit aims to equip school professionals with the knowledge and tools to identify sensory needs in children, enabling them to provide tailored support and create inclusive learning environments. By recognising the importance of sensory processing and its impact on learning and regulation, we can work together fostering a supportive and enriching educational experience for all primary school children

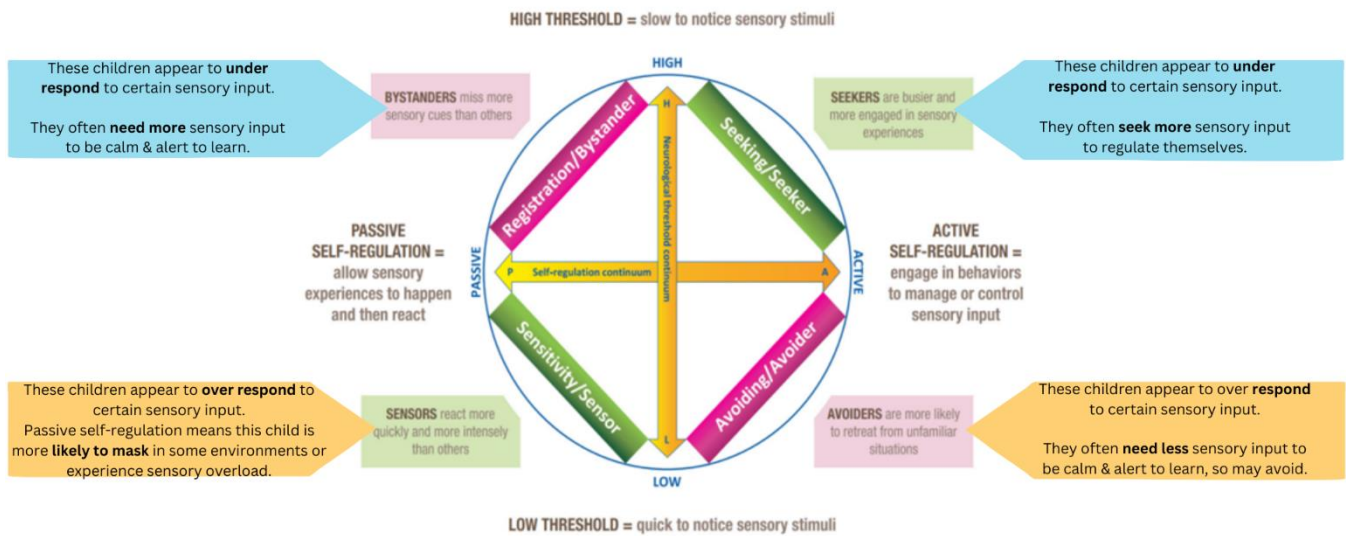


**It is intended to be used as one of the tools available to schools and families to help identify a child's needs then put in place strategies to support those needs and maximise learning opportunities within the graduated approach to inclusion. Many of the strategies included in this toolkit can be embedded into whole school and whole class approaches and strategies, helping the school become a sensory friendly environment. Some of the strategies are more specific to the young person for use in a supportive inclusion plan.**

## The 8 Senses

| Sensory system                                                                                                                                           | Location                            | Details                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Vestibular</b><br>(Movement, Balance/Gravity Sense)                 | inner ear                           | Provides information about where our body is in space and whether or not our surroundings or we are moving.                                       |
|  <b>Tactile</b><br>(Sense of Touch)                                     | skin                                | Protective and discriminative functions. Tells us about pain, pressure, heat and provides information about the environment and object qualities. |
|  <b>Proprioception</b><br>(Sense of body position, force, coordination) | joints, muscles, ligaments, tendons | Provides information about body position. Gauges the force needed to do activities.                                                               |
|  <b>Olfactory</b><br>(Sense of Smell)                                 | nose                                | Provides information about different types of smell.                                                                                              |
|  <b>Gustatory</b><br>(Sense of Taste)                                 | tongue                              | Provides information about different types of taste.                                                                                              |
|  <b>Visual</b><br>(Sense of Sight)                                    | retina                              | Provides information about objects and people.                                                                                                    |
|  <b>Auditory</b><br>(Sense of Hearing)                                | inner ear                           | Provides information about sounds in the environment.                                                                                             |
|  <b>Interoception</b><br>(Sense of internal body signals)             | bladder, uterus, stomach            | Provides information about the state of our internal organs that work on stretch.                                                                 |

## Dunn's Sensory Processing Framework



**Dunn's Sensory Processing Framework is a model used to understand how individuals process and respond to sensory information from their environment. It identifies four sensory processing patterns:**

**Sensory Sensitivity (Sensors):** Individuals who are highly sensitive to sensory input, reacting strongly to stimuli such as noise, light, or touch.

**Sensory Avoiding (Avoiders):** Individuals who actively avoid or withdraw from sensory input that they find uncomfortable or overwhelming.

**Sensory Seeking (Seekers):** Individuals who actively seek out sensory stimulation to feel satisfied or regulated, often engaging in activities that provide intense sensory input.

**Low Registration (Bystanders):** Individuals who have difficulty registering or responding to sensory input, often appearing unaware or unresponsive to their surroundings.

We all have our own ways of managing sensory input; we can usually regulate ourselves by adapting the environment and responding to what our bodies need in the moment. Eg; Turning down the volume of the music when driving to concentrate at a busy roundabout.

However, some children struggle with understanding and dealing with these sensory experiences. This can make them feel, think, behave, and react differently. It might affect how they play, do schoolwork, take care of themselves, learn, and make friends.

We might notice a pattern in how a child reacts to sensory input. Using this toolkit can help notice these patterns and come up with ways to help the child to maximise both academic and social learning opportunities.

## Trauma & Sensory

Children who have experienced trauma often exhibit hypervigilance, a heightened state of sensory sensitivity and alertness to potential threats. In the school environment, this can manifest as acute sensitivity to sensory stimuli that might seem mild to others but are perceived as overwhelming or dangerous to the hyper vigilant child. For instance, loud noises, sudden movements, or even the bustling activity of a typical classroom can trigger stress responses. These children may find it challenging to concentrate, feel safe, or engage positively with their peers and teachers. Understanding and accommodating their sensory needs—through strategies mentioned within this resource—can help create a supportive and nurturing learning environment that acknowledges and eases their sensory sensitivities.

## Anxiety & Neurodivergent children

Neurodivergent children often experience heightened levels of anxiety that can significantly influence their sensory processing. This anxiety can amplify their sensitivity to sensory stimuli, making every day sounds, lights, and textures feel overwhelming and distressing. For example, the buzz of a fluorescent light or the scratchiness of a school uniform can become sources of intense discomfort. This heightened state of alertness and stress can exacerbate their sensory challenges, leading to sensory overload more quickly. When a neurodivergent child is anxious, their ability to filter and manage sensory information is impacted, making it harder for them to focus, engage, and learn effectively in the school environment. Understanding this interplay between anxiety and sensory processing is essential for school professionals to create strategies that help reduce stress and support the sensory needs of neurodivergent students.

The Rotherham Sensory Toolkit is a resource for supporting all children who experience sensory overwhelm in the classroom, regardless of whether they have a formal diagnosis. By offering practical strategies and tools designed to create a more sensory-friendly environment, the toolkit helps to ensure that every child can feel safe, focused, and engaged in their learning. This inclusive approach acknowledges that sensory sensitivities can affect any child and emphasises the importance of proactive, supportive measures to accommodate diverse sensory needs, fostering a more inclusive and supportive educational experience for all students.

### How to use the sensory toolkit

Recognition that a child's sensory needs / behaviours are different to what would be expected developmentally and are having a significant impact on learning and daily life



Someone who knows the child well (school and home) to go through the checklist



Using the information gathered through the checklist and profile to build a sensory passport for the child.



Use the guidance (suggested strategies document) to identify appropriate strategies, activities and changes to the environment. Complete a sensory environmental audit (separate toolkit) if necessary.



Review the impact of this as part of the graduated response (Assess, plan, do, review cycle)



If concerns remain following the review (having been trialled **consistently** for a full cycle), then we would welcome a referral to the Sensory Pathway for further advice/support. Information on how to complete this referral is at the end of this toolkit.

**For more support on how to use this toolkit, please sign up to attend our free online workshop:**

**Email: [rg-h-tr.cypstherapyservices@nhs.net](mailto:rg-h-tr.cypstherapyservices@nhs.net)  
For upcoming dates and a link to attend.**

We also run other training throughout the school academic year through partner organisations within Rotherham.

For more information contact:

| Provider                            | Offer                                                          | Contact                                                                                                                                               |
|-------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Virtual School Rotherham            | Monthly school staff training<br>Monthly parent/carer training | <a href="mailto:virtualschool@rotherham.gov.uk">virtualschool@rotherham.gov.uk</a>                                                                    |
| Rotherham Parent Carer Forum        | Parent & carer Sensory Awareness workshops                     | <a href="mailto:admin@rpcf.co.uk">admin@rpcf.co.uk</a>                                                                                                |
| Autism Information & Advice service | Parent & carer Sensory Awareness workshops                     | <a href="#">Children and Families: Autism Information and Advice Services booking request   Instructions – Rotherham Metropolitan Borough Council</a> |

## How to build a sensory profile for the child

1. Summarise the information from the sensory checklist (appendix 1) and record it on the sensory profile (see appendix 2 for a **sensory profile** suggested pro-forma).
2. Using information from the sensory profile choose 3-4 priority areas to address. Using the sensory strategies guide identify any environmental changes you can make, activities that you can build in for the young person and resources you can access. Wherever possible and appropriate the child should be involved in this process.
3. A sensory passport (one page profile) can be created to be shared with all adults working with a child.

Key information from the sensory profile can be added to the one page summary. Discuss with people who know the child well how to identify early signs of the child needing sensory input and add this information too.

Wherever possible and appropriate the child should be involved in this process.

## Useful resources

### Rotherham SEND Local offer – Sensory needs:

*Offer information and advice on sensory needs*

<https://www.rotherhamsendlocaloffer.org.uk/health-wellbeing/sensory-needs>

### Rotherham Autism information advice service:

*Offer sensory workshops and training sessions for parents/carers*

<https://www.rotherhamsendlocaloffer.org.uk/advice-support/autism-information-advice-service/1>

### Rotherham Parent/Carer Forum

*Offer sensory workshops for parents and carers*

*Advice and support for parents and carers in Rotherham*

<https://www.rpcf.co.uk/>

### Rotherham Virtual School

*Host online sensory workshops for parents once per school term. Contact your Rotherham Primary school SENCo for further information.*

### Useful Websites/Books/Resources:

<https://sensoryladders.org/> - Free online training for using sensory ladders as a sensory regulation tool

<https://sendcorotherham.co.uk/sensory-needs/> - Rotherham SEND website. Practical ideas and strategies to support sensory needs.

<https://www.nhsggc.org.uk/kids/life-skills/joining-in-with-sensory-differences/> - NHS Glasgow Sensory website. Lots of information, videos and advice to support sensory challenges.

### Useful books:

Living Sensationally by Winnie Dunn (2009)

Raising a Sensory Smart Child by Lindsay Biel and Nancy Peske (2005)

The Out-Of-Sync Child by Carol Stock Kranowitz (2005)

The Reason I Jump by Naoki Higashida (2013)

Too Loud, Too Bright, Too Fast, Too Tight by Sharon Heller (2002)

Sensory circuits: A sensory motor skills programme for children by Jane Horwood

Success with sensory supports by Kim Griffin

### **Videos to illustrate sensory differences experienced by children:**

[https://youtu.be/hWP5YNXRCTY?si=l-hezBb\\_53IXe4uE](https://youtu.be/hWP5YNXRCTY?si=l-hezBb_53IXe4uE) – Introduction to understanding sensory issues

<https://www.youtube.com/playlist?list=PL0t2dRFWj648bfg1aVONrjioeb05GD8fm>

NAS video collection

<https://youtu.be/e6swX6SvRLc?si=sBOYKRpvWHEWHave> – Sensory Memories (Beacon House)

<https://youtu.be/K2P4Ed6G3qw?si=-vHHj6xqHHaMYchp> – Sensory Overload @STARInstitute (youtube) – Playlists and videos on sensory processing

# Appendix 1 – Sensory Checklist



Rotherham Sensory  
Checklist Primary.do

## Sensory Checklist

### A framework for Primary Schools (age 5-11)

The following checklist is not a diagnostic tool. Rather, it is an indicator of sensory over or under-responsiveness. The purpose of the tool is to gather information related to a child's or young person's sensory profile. This will assist in creating an action plan and passport bespoke to the individual child's needs.

|              |  |     |  |         |  |
|--------------|--|-----|--|---------|--|
| Child's name |  | DOB |  | Setting |  |
|--------------|--|-----|--|---------|--|

| Completed by |  |                       |  |      |  |
|--------------|--|-----------------------|--|------|--|
| Name         |  | Relationship to child |  | Date |  |
| Name         |  | Relationship to child |  | Date |  |

The checklist is designed to be used by people who know the child well (school and home). Children may present with different sensory behaviours in different environments so it's important to consider the responses over a range of environments. It's important to consider that children may be able to tolerate sensory input if they are in a highly motivating situation and general wellbeing can affect a person's ability to tolerate sensory information.

Please discuss the statements below, tick the box that best fits the child and add comments as appropriate.

**If school and home are completing on the same checklist, please differentiate between school and home view (eg; use different colours)**

*Any sensory responses are to be considered in light of typical developmental patterns.*

## Tips for Completing The Sensory Checklist

- 1. Observe in Natural Settings:** Conduct observations in various environments where the child spends time, such as the classroom, playground, lunch hall, and during transitions. This provides a comprehensive view of their sensory responses in different contexts. Parent & Carer to highlight on the checklist their responses in the home environment.
- 2. Include Multiple Perspectives:** Gather input from various sources, including teachers, teaching assistants, parents/carers, and the children themselves when possible. This holistic approach ensures a more accurate and well-rounded assessment.
- 3. Be Objective and Specific:** Document specific behaviours and reactions rather than interpretations. For example, note "covers ears during loud noises" instead of "dislikes loud sounds."
- 4. Consider Timing:** Observe sensory behaviours at different times of the day to identify any patterns or fluctuations in sensory responses, such as increased sensitivity during transitions or after lunch.
- 5. Look for Patterns:** Identify any consistent triggers or environments that cause sensory challenges. This helps in understanding the specific sensory needs and creating tailored interventions.
- 6. Be Patient and Take Your Time:** Sensory behaviours may not always be immediately apparent. Take your time to observe and gather enough data to make informed assessments. Consider other life stressors that may be impacting on the child's overall stress, this may influence their tolerance to sensory input.

| No.                                              | Item                                                                                                   | Yes | No | Don't know | Notes/Actions |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|----|------------|---------------|
| Signs of <b>over responding</b> to visual input  |                                                                                                        |     |    |            |               |
| 1.                                               | Dislikes bright lights / Dislikes fluorescent lights                                                   |     |    |            |               |
| 2.                                               | Squints, rubs eyes regularly                                                                           |     |    |            |               |
| 3.                                               | Shows distress at the sight of moving objects or people in busy places                                 |     |    |            |               |
| 4.                                               | Becomes distracted by nearby visual stimuli (pictures, items on walls, windows, other children)        |     |    |            |               |
| 5.                                               | Looks down most of the time, especially outdoors / busy places. Likes to wear hood, cap or sunglasses. |     |    |            |               |
| 6.                                               | Finds reading difficult – words “move” / loses place when reading                                      |     |    |            |               |
| 7.                                               | Covers eyes in bright light prefers dim environments.                                                  |     |    |            |               |
| Signs of <b>under responding</b> to visual input |                                                                                                        |     |    |            |               |
| 8.                                               | Is attracted to lights or reflections                                                                  |     |    |            |               |

|                                                             |                                                                                                                                            |  |  |  |  |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 9.                                                          | Is fascinated by shiny objects and bright colours                                                                                          |  |  |  |  |
| 10.                                                         | Moves fingers/objects in front of eyes/ Looks intensely at objects                                                                         |  |  |  |  |
| 11.                                                         | Struggles with writing (word spacing, letter formation)                                                                                    |  |  |  |  |
| Ocular Motor Skills / Visual Perception                     |                                                                                                                                            |  |  |  |  |
| 12.                                                         | Has difficulty controlling eye movements or tracking objects with eyes.                                                                    |  |  |  |  |
| 13.                                                         | Has difficulty copying from the board                                                                                                      |  |  |  |  |
| 14.                                                         | Has difficulty catching balls                                                                                                              |  |  |  |  |
| 15.                                                         | Has difficulty distinguishing between colour, size, shape etc.                                                                             |  |  |  |  |
| Signs of <b>over responding</b> to auditory input (hearing) |                                                                                                                                            |  |  |  |  |
| 16.                                                         | Shows distress at loud sounds (slamming door, fire alarm, hair dryer, toilet flushing) by running away, crying or holding hands over ears. |  |  |  |  |
| 17.                                                         | Shows distress at the sounds of singing or musical instruments by running away, crying or holding hands over ears.                         |  |  |  |  |

|                                                           |                                                                                                                                               |  |  |  |  |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 18.                                                       | Can cope with their own noise. Makes repetitive sounds or own noise to block out other sounds.                                                |  |  |  |  |
| 19.                                                       | Seeks out quiet spaces                                                                                                                        |  |  |  |  |
| 20.                                                       | Dislikes or avoids noisy and busy places                                                                                                      |  |  |  |  |
| 21.                                                       | Distracted by sounds others may not notice (hum of lights, electronics, clock ticking, traffic, fridge etc.) or intolerant of everyday sounds |  |  |  |  |
| 22.                                                       | Can perceive normal talking as shouting                                                                                                       |  |  |  |  |
| Signs of <b><u>under responding</u></b> to auditory input |                                                                                                                                               |  |  |  |  |
| 23.                                                       | Does not respond to voices or name being called.                                                                                              |  |  |  |  |
| 24.                                                       | Can often appear not to hear you although hearing is fine                                                                                     |  |  |  |  |
| 25.                                                       | Difficulties following verbal instructions                                                                                                    |  |  |  |  |
| 26.                                                       | Likes making noises, especially in the kitchen / bathroom / dining hall (these tend to echo so noises are amplified)                          |  |  |  |  |
| Signs of <b><u>over responding</u></b> to tactile input   |                                                                                                                                               |  |  |  |  |

|                                                                    |                                                                                               |  |  |  |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|--|--|--|
| 27.                                                                | Shows distress when hands or face are dirty (with glue, paint, food, dirt etc.).              |  |  |  |  |
| 28.                                                                | Shows distress when touching certain textures.                                                |  |  |  |  |
| 29.                                                                | Is distressed by accidental or unexpected touch of others (may lash out or withdraw)          |  |  |  |  |
| 30.                                                                | Finds crowded areas very difficult                                                            |  |  |  |  |
| 31.                                                                | Can overreact to light touch eg; hair ruffles, kisses, hand on shoulder, tickles.             |  |  |  |  |
| 32.                                                                | Prefers to sit at back or front of group or in a corner.                                      |  |  |  |  |
| 33.                                                                | Narrow diet restricted to certain textures                                                    |  |  |  |  |
| 34.                                                                | Becomes distressed with personal care activities (hair washing, teeth cleaning, nail cutting) |  |  |  |  |
| 35.                                                                | Becomes distressed by the feel of certain clothing or restrictive clothing, seams and labels  |  |  |  |  |
| Signs of <b>under responding</b> to tactile input (touch/textures) |                                                                                               |  |  |  |  |
| 36.                                                                | Does not notice messy face / twisted clothing                                                 |  |  |  |  |
| 37.                                                                | Seems to lack awareness of being touched.                                                     |  |  |  |  |

|                                                             |                                                                                                                                                    |  |  |  |  |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 38.                                                         | Seeks out hot or cold temperatures (e.g. touching windows or radiators)                                                                            |  |  |  |  |
| 39.                                                         | Enjoys seeking certain materials / messy play activities                                                                                           |  |  |  |  |
| 40.                                                         | Difficulties with fine motor skills                                                                                                                |  |  |  |  |
| 41.                                                         | Explores objects with their mouths like much younger children would.                                                                               |  |  |  |  |
| Signs <b>over responding</b> to vestibular (movement) input |                                                                                                                                                    |  |  |  |  |
| 42.                                                         | Scared of or uncomfortable with heights, even ones which are not particularly high e.g. small wall, standing on a chair, feet being off the floor. |  |  |  |  |
| 43.                                                         | Prefers to sit on the floor                                                                                                                        |  |  |  |  |
| 44.                                                         | Becomes anxious if walking on an uneven or unstable surface                                                                                        |  |  |  |  |
| 45.                                                         | Experiences motion sickness (travelling, spinning movements)                                                                                       |  |  |  |  |
| 46.                                                         | Keeps head upright or shows distress when head is tilted away from upright (eg; bending down to put shoes on, picking objects off floor)           |  |  |  |  |

|                                                                        |                                                                                                                                   |  |  |  |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 47.                                                                    | Dislikes too much movement. May find PE challenging and appears fearful of playground equipment (e.g. swings, slides, trampoline) |  |  |  |  |
| 48.                                                                    | Difficulties climbing stairs (especially open stairs)                                                                             |  |  |  |  |
| Signs of <b><u>under responding</u></b> to vestibular (movement) input |                                                                                                                                   |  |  |  |  |
| 49.                                                                    | Spins and whirls body or objects more than peers (does not get dizzy)                                                             |  |  |  |  |
| 50.                                                                    | Enjoys being upside down                                                                                                          |  |  |  |  |
| 51.                                                                    | Seeks out large amounts of movement, (e.g. bouncing, spinning, running)                                                           |  |  |  |  |
| 52.                                                                    | Leans on walls, furniture, or other people for support when standing or sitting                                                   |  |  |  |  |
| 53.                                                                    | Slumps and leans on desk                                                                                                          |  |  |  |  |
| 54.                                                                    | Has poor balance & co-ordination skills                                                                                           |  |  |  |  |
| 55.                                                                    | Appears in constant motion / Fidgets when seated at desk or table                                                                 |  |  |  |  |
| 56.                                                                    | Difficulties remaining seated (eg; makes excuses to leave their seat)                                                             |  |  |  |  |
| 57.                                                                    | Finds it hard to learn a new skill eg; ride a bike                                                                                |  |  |  |  |

|                                                                     |                                                                                                                                                              |  |  |  |  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 58.                                                                 | Finds it hard to use two hands together for tasks.                                                                                                           |  |  |  |  |
| Signs of differences processing proprioception (joints and muscles) |                                                                                                                                                              |  |  |  |  |
| 59.                                                                 | Falls out of chair when seated at desk or table                                                                                                              |  |  |  |  |
| 60.                                                                 | Runs, hops, skips or bounces instead of walking                                                                                                              |  |  |  |  |
| 61.                                                                 | Driven to seek out activities such as pushing, pulling, lifting and jumping.                                                                                 |  |  |  |  |
| 62.                                                                 | Finds it difficult to apply the correct amount of pressure for tasks e.g. writing too light or too dark, gauging how to pour at the correct flow and amount. |  |  |  |  |
| 63.                                                                 | Likes wrestling and squashing others / rough & tumble                                                                                                        |  |  |  |  |
| 64.                                                                 | Walks on toes, heavy footed or stamps                                                                                                                        |  |  |  |  |
| 65.                                                                 | Seeks body feedback eg; Crawling under cushions, being in tight spaces, Enjoys being tightly wrapped in a blanket/towel.                                     |  |  |  |  |
| 66.                                                                 | Asks for hugs / hugs very tightly                                                                                                                            |  |  |  |  |
| 67.                                                                 | Chews objects.                                                                                                                                               |  |  |  |  |

|                                                  |                                                                                         |  |  |  |  |
|--------------------------------------------------|-----------------------------------------------------------------------------------------|--|--|--|--|
| 68.                                              | Clumsy and bumps into objects and people (Does not seem to know where body is in space) |  |  |  |  |
| 69.                                              | Seems to apply too much force for everyday tasks, may slam doors / cupboards.           |  |  |  |  |
| Signs of <b><u>under responding</u></b> to smell |                                                                                         |  |  |  |  |
| 70.                                              | Smells and licks objects and people                                                     |  |  |  |  |
| 71.                                              | Does not notice smells others find offensive                                            |  |  |  |  |
| Signs of <b><u>over responding</u></b> to smell  |                                                                                         |  |  |  |  |
| 72.                                              | Shows distress at smells that other children do not notice                              |  |  |  |  |
| 73.                                              | Offended or nauseated by bathroom odours or personal hygiene smells                     |  |  |  |  |
| 74.                                              | Upset by or avoids perfumes and colognes                                                |  |  |  |  |
| 75.                                              | Upset by or avoids household smells                                                     |  |  |  |  |
| 76.                                              | May gag or vomit at a smell                                                             |  |  |  |  |
| Signs of <b><u>under responding</u></b> to taste |                                                                                         |  |  |  |  |

|                                                                         |                                                                             |  |  |  |  |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|--|--|--|
| 77.                                                                     | Prefers intense flavours, spice, salts, sweet and sour                      |  |  |  |  |
| 78.                                                                     | Eats materials which are not edible (eg, soil, leaves, pebbles, paper)      |  |  |  |  |
| Signs of <b>over responding</b> to taste                                |                                                                             |  |  |  |  |
| 79.                                                                     | Picky / Fussy eater                                                         |  |  |  |  |
| 80.                                                                     | Prefers bland foods – limited diet                                          |  |  |  |  |
| 81.                                                                     | Does not like food too hot or cold, prefers room temperature.               |  |  |  |  |
| Signs of differences with interoception (processing internal sensation) |                                                                             |  |  |  |  |
| 82.                                                                     | Does not seem to register when full                                         |  |  |  |  |
| 83.                                                                     | Does not seem to register hunger                                            |  |  |  |  |
| 84.                                                                     | Does not seem to register thirst                                            |  |  |  |  |
| 85.                                                                     | Does not seem to register when needs to pass urine or open bowels           |  |  |  |  |
| 86.                                                                     | Does not seem to register body temperature eg; identifying when hot or cold |  |  |  |  |

|                                          |                                                            |  |  |  |  |
|------------------------------------------|------------------------------------------------------------|--|--|--|--|
| 87.                                      | Does not seem to register when fatigued or tired           |  |  |  |  |
| 88.                                      | Struggles with emotional regulation                        |  |  |  |  |
| 89.                                      | Does not seem to register pain                             |  |  |  |  |
| Social & Emotional - Does the student... |                                                            |  |  |  |  |
| 90.                                      | Frequently acts out in anger                               |  |  |  |  |
| 91.                                      | Frequently becomes frustrated                              |  |  |  |  |
| 92.                                      | Difficulty working in groups and/or interacting with peers |  |  |  |  |
| 93.                                      | Lacks self confidence                                      |  |  |  |  |
| 94.                                      | Frequently acts impulsively                                |  |  |  |  |
| 95.                                      | Frequently seems overwhelmed                               |  |  |  |  |
| 96.                                      | Difficulty with changes in routine                         |  |  |  |  |
| 97.                                      | Often appears anxious, may be school avoidant.             |  |  |  |  |

## What does the checklist tell us about the child's sensory needs?

Review the checklist above by addressing each sensory section. What stands out most in each section? Consider all information, including views of parents/carers and other adults who know the child to determine whether a child is presenting as 'over responsive' or 'under responsive' through each of the sensory systems.

Where a child presents with a 'mixed' profile and it's tricky to determine whether the child is over or under responsive, try not to focus too much on the label and more on what are the presenting needs and challenges within the environment.

Use the grids below to make notes or highlight key findings.

|            | Over responsive (hyper) | Under responsive (hypo) |
|------------|-------------------------|-------------------------|
| Visual     |                         |                         |
| Auditory   |                         |                         |
| Tactile    |                         |                         |
| Vestibular |                         |                         |
| Smell      |                         |                         |
| Taste      |                         |                         |

|                                     | Differences in processing |
|-------------------------------------|---------------------------|
| Ocular motor / Visual perception    |                           |
| Proprioception                      |                           |
| Internal sensations (interoception) |                           |
| Social & Emotional                  |                           |

Sensory preferences:

*What does the child enjoy? What do they find calming? What do they find stimulating? **Don't forget to include the voice of the child***

Sensory dislikes:

*What can't the child tolerate? What triggers undesired behaviours? **Don't forget to include the voice of the child, ask them what they find tricky about the school environment?***

# Appendix 2 - Sensory profile

| _____’s sensory profile                                                                                                                                                            |                                                      |                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Sensory System                                                                                                                                                                     | Preferences<br>experiences the child likes or enjoys | Challenges<br>things that challenge the child or challenge<br>yourselves as a caregiver / teacher |
| <b>Tactile</b><br> Tactile<br>(Sense of<br>Touch)                                                 |                                                      |                                                                                                   |
| <b>Vestibular</b><br> Vestibular<br>(Movement,<br>Balance/Gravity<br>Sense)                       |                                                      |                                                                                                   |
| <b>Proprioception</b><br> Proprioception<br>(Sense of body<br>position, force,<br>coordination) |                                                      |                                                                                                   |

|                                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Auditory</b><br> Auditory<br>(Sense of Hearing) |  |  |
| <b>Taste</b><br> Gustatory<br>(Sense of Taste)     |  |  |
| <b>Olfactory</b><br> Olfactory<br>(Sense of Smell) |  |  |
| <b>Visual</b><br> Visual<br>(Sense of Sight)      |  |  |

Choose 3-4 priority challenges to address. Taking into account the child's sensory preferences, use the suggested strategies guide to identify any modifications to the environment, strategies to use and activities to build into the child's day to help meet the child's sensory needs.

# Appendix 3 -

## One page sensory passport

The following passports have example strategies/ ideas pre-filled within the template. It is made to be edited, please use strategies guide to support with completing bespoke passport for the individual child.



Sensory Passport  
template.pdf



Sensory Passport  
Template Word vers



# My Sensory Passport

Name: Joe Bloggs

DoB: XXXXX



Date created: XXXXX

School/Class: XXXXX



## My Sensory Likes:

- The things that bring me joy
- My special interests
- Favourite smells
- Favourite things to touch
- Preferred foods
- The things I seek more of



## My Sensory Challenges:

- The things that I struggle with
- The smells that make me feel ill
- The noises that bother me
- My movement needs
- The textures I find uncomfortable
- The environments I find challenging



## Important to know!

When I'm dysregulated I might show this through:

- Running away
- Leaving the classroom
- Kicking or hitting my peers
- Kicking or hitting adults
- Spitting
- Biting
- Pacing
- Crying
- Withdrawing/ shutting down



## My best learning environment:

- The strategies that can be used to help me learn
- What I might need in the school classroom
- Seating
- Lighting
- Visual distraction
- Sensory circuits
- Movement opportunities
- Noise levels
- Navigating the environment
- Visual time tables



## Sensory supports that can help me:

- Calm space
- Sensory circuits
- Visual time tables
- Sensory box
- Weighted object
- Movement breaks
- Chew
- Snacks
- Prompts for toileting
- Zones of regulation



Please help me by:

- Don't try to engage me in conversation or ask me to make good choices.
- Direct me to a safe space
- Give me lots of space and don't come near to me
- Give me access to my sensory toolkit
- Let me spend time in my sensory den
- Let me run into the hall
- Offer me a snack and/or a drink
- Offer me my comfort item and weighted blanket

# Appendix 4 - Referral to Sensory Pathway



Referral Sensory  
Pathway 24 new.docx

**SPECIALIST LEVEL SENSORY PATHWAY**  
**REFERRAL PROCESS:**

- 1/ Complete sensory checklist (Appendix 1) capturing both home and school concerns
- 2/ Complete sensory profile (Appendix 2) and one page sensory passport (Appendix 3), using the sensory guidance available
- 3/ Review the impact of the as part of the graduated response (Assess, plan, do, review cycle), if concerns remain **after a full cycle, Complete the referral form below and submit with the sensory checklist and sensory passport that has been tried consistently for a full cycle.**

**Referrals submitted without sensory checklist (which captures both school and home view) and sensory passport will not be accepted.**

*When sending referrals it may be easiest to submit the 3 separate documents, which is why you can find separate copies of the checklist, passport and referral form within this toolkit.*

- 4/ Referral will be triaged by sensory pathway team
- 5/ Consultation & Advice telephone call offered to parent/carers and/or school. The purpose of this consultation is to support with reviewing the attached documents and adjusting/offering further advice to adapt the sensory passport and supports in place.
- 6/ A review telephone call will be scheduled between therapist and parent/carer and/or school.
- 7/ If concerns remain then a school observation or clinic appointment may be considered for further review.

## **REFERRAL TO SPECIALIST LEVEL SENSORY PATHWAY**

Before completing this referral, please make sure you have completed a sensory checklist applicable to the child's age and this includes **BOTH** school and home views. Please also complete the Sensory Passport and include this within the referral. **Referrals submitted without these documents will not be accepted.**

Child's name:

D.O.B:

Address:

Telephone no:

Mobile no:

Name & Address of G.P:

Language spoken at home:

If English not the first language, please state which speaker and which language:

School/Nursery attended:

Health visitor/School Nurse (if applicable):

Other agencies involved please state:

Name:

Contact no:

Base:

Name:

Contact no:

Base

Name:

Contact no:

Base

|                                                                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>What's working well?</b></p> <ul style="list-style-type: none"> <li>• <i>What strategies are currently in place?</i></li> <li>• <i>What previous support has been accessed?</i></li> </ul>                                                                                      |  |
| <p><b>What are you worried about?</b></p> <ul style="list-style-type: none"> <li>• <i>Main concerns currently</i></li> <li>• <i>Where are these concerns noticed – e.g.; home, school or both?</i></li> <li>• <i>What impact has this on the child</i></li> </ul>                     |  |
| <p><b>What further support do you feel is needed from the Sensory Pathway?</b></p> <ul style="list-style-type: none"> <li>• <i>Consultation with Sensory Therapist</i></li> <li>• <i>Review of Sensory Passport</i></li> <li>• <i>Further recommendations &amp; advice</i></li> </ul> |  |

**NB: Parental/ legal guardian permission MUST be obtained as their consent is essential to process this referral.**

*Please tick box to indicate that this has been done*     ☐

Please tick the box to indicate that Parents/Guardians have given consent **for** information sharing between The Rotherham Foundation Trust, CAMHS, Education and Social Care   ☐

Please tick the box to indicate that a sensory checklist (with school and home views) and a sensory passport has been included with this referral ☐

**Referred by:** .....

**Designation:** .....

**Address of Referrer:** .....

**Contact (telephone or email)** .....     **Date:** .....

Please return form:  
Sensory Pathway Team,  
Children’s Occupational Therapy and Physiotherapy Service,  
Kimberworth Place,  
Kimberworth Road,  
Rotherham S61 1HE

**Via Email to:** [rg-h-tr.cypstherapyservices@nhs.net](mailto:rg-h-tr.cypstherapyservices@nhs.net)

**Telephone 01709 423834**