Functional Vision Assessment and Developmentally Appropriate Learning Media Assessment

Individual Sensory Learning Profile Interview (ISLPI)

Anthony, T.L. (2003a). *Individual sensory learning profile interview.* Chapel Hill, NC: Early Intervention Training Center for Infants and Toddlers With Visual Impairments, FPG Child Development Institute, UNC-CH.

Individual Sensory Learning Profile Interview
Developed by Tanni L. Anthony, Ph.D., 1997, 2003

Child's Name: _____

DOB: _____ **Current Age**: _____

Date: _____ **Completed By**: _____

Please complete with the child's primary caregiver and/or the child's early interventionist, teacher, and/or therapist.

Background Information

Medical diagnoses:

Current medications and their purpose:

Sensory Profile Questions

Vision

Does the child have a diagnosis as being blind or visually impaired?

Yes: _____ No: _____

Has the child been diagnosed as legally blind?

Yes: _____ No: _____

If so, what is the medical diagnosis?

Does the child wear glasses or use other optical devices? If so, please give the prescription and/or details about the devices.

Right _____ *Left* _____ *Both* _____

Does the child visually respond to a human face? Yes _____ No _____

Does the child respond to other visual stimuli? Yes _____ No _____

If so, what are the characteristics of the visual stimuli?

_____ *Illuminating* _____ *Shiny/Light Reflective* _____ *High Contrast*

_____ *Pastel Colored* _____ *Brightly Colored* _____ *Familiar*

Other characteristics or details about visual stimuli _____

_____

Is there an immediate or delayed response to visual stimulus? Please describe:

What type of environment seems to best support visual responsiveness?

presentation to midline, left, right, top, bottom of visual field (circle all that apply) _____

focal distance (describe in inches or feet) _____

illumination preference _____

*familiar setting/items*_____*quiet* _____*low visual clutter* _____

accompaniment of other sensory stimuli _____

Other environmental preferences including positioning needs for visual attending:

Items that child shows a visual response/preference to:

Hearing

Does the child have a diagnosis of being deaf/hard of hearing or having a central auditory processing disorder?

Yes _____ No _____

Does the child wear hearing aids or use other sound amplification devices?

Yes _____ No _____

If yes, please list the listening devices used:

Is there a history of ear infections? Yes _____ No _____

Does the child attend to auditory stimuli? Yes _____ No _____

If so, what are the characteristics of the auditory stimuli?

Human Voice: Yes _____ No _____

Environmental Sounds: Yes _____ No _____

Sound Volume: _____ *Low* _____ *Moderate* _____ *High*

Other characteristics or details about auditory stimuli:_____

_____

Is there an immediate or delayed response to auditory information? Please describe.

What type of environment seems to best support auditory responsiveness?

Sound presentation distance (describe in inches or feet) _____

quiet _____ *low noise clutter* _____ *echolocation boundaries* _____

Accompaniment of other sensory stimuli _____

Other environmental preferences for auditory responsiveness

Items that child shows an auditory response/preference to:

Touch/Kinesthetic/Vestibular

Does the child have a diagnosis of cerebral palsy or other disorder affecting movement? Yes _____ No _____

Does the child benefit from any orthopedic or special positioning/ambulation/mobility device? Yes _____ No _____

If yes, please list these device(s):

Does the child respond positively or negatively to being touched?
Positively _____ Negatively _____

Please explain preferences or aversions for being touched (e.g., soft, firm, predictable)

Does the child respond positively or negatively to touching people/objects?
Positively _____ Negatively _____
Please explain preferences or aversions for touching people/objects:

Does the child respond positively or negatively to movement?
Positively _____ Negatively _____

Please preferences or aversions to movement (e.g., slow, rhythmic, predictable):

Positions which seem to best support overall sensory responsiveness:

prone (on stomach) _____ *supine (on back)* _____ *sidelying* _____

sitting _____ *sitting with support* _____ *other* _____

Olfactory/Taste

Does the child positively respond to specific smells and/or tastes?

Yes _____ No_____

If yes, please describe:

Does the child negatively respond to specific smells and/or tastes?

Yes _____ No_____

If yes, please describe:

Summary of Sensory Preference / Recommendations for Motivating Objects

Visual

Hearing

Touch/Movement

Smell/Taste

Other Recommendations

Reference

Anthony, T.L. (1997). *Individual sensory learning profile interview*. Unpublished document.

SAMPLE ISLPI

Child's Name: Rachel Smith
DOB: _____ **Current Age**: _____
Date: _____ **Completed By**: Irene Topor, TVI

Please complete with the child's primary caregiver and/or the child's early interventionist, teacher, and/or therapist.

Background Information

Medical Diagnoses: Rachel was diagnosed with Peter's anomaly.

Current Medications and their purpose: Rachel is not currently taking any medications.

Sensory Profile Questions

Vision

Does the child have a diagnosis as being blind or visually impaired?
Yes __x__ No _____

Has the child been diagnosed as legally blind?
Yes __x__ No _____

If so, what is the medical diagnosis?

Does the child wear glasses or use other optical devices? If so, please give the prescription and/or details about the devices.
Right _____ *Left* _____ *Both* _____

Does the child visually respond to a human face? Yes __x__ No _____
Does the child respond to other visual stimuli? Yes __x__ No _____

If so, what are the characteristics of the visual stimuli?

__x__ *Illuminating* __x__ *Shiny/Light Reflective* __x__ *High Contrast*

_____ *Pastel Colored* __x__ *Brightly Colored* __x__ *Familiar*

Other characteristics or details about visual stimuli: Prefers pretend jewelry that is brightly colored or toys that have bright color lights or other characteristics.

Is there an immediate or delayed response to visual stimulus? Please describe:
If familiar to her, Rachel can see her pretend jewelry from up to 3 feet away. For unfamiliar objects she needs to be 4 to 6 inches in order to see them.

What type of environment seems to best support visual responsiveness?

presentation to midline, left, right, top, bottom of visual field (circle all that apply) left eye, left side, at or above eye level

focal distance (describe in inches or feet) 4 to 6 inches

illumination preference Reduce glare as Rachel is photophobic

familiar setting/items _____ *quiet* _____ *low visual clutter* x .

accompaniment of other sensory stimuli light, sound, light box

Other environmental preferences including positioning needs for visual attending:
Currently using a light box to determine Rachel's color preferences

Items that child shows a visual response/preference to
Rachel prefers shiny necklaces, objects that produce light (e.g., a musical toy that lights up), high contrast materials (a white and black soccer ball) and familiar objects.

Hearing

Does the child have a diagnosis of being deaf/hard of hearing or having a central auditory processing disorder?

Yes _____ No x

Does the child wear hearing aids or use other sound amplification devices?

Yes _____ No x

If yes, please list the listening devices used:

Is there a history of ear infections? Yes _____ No x

Does the child attend to auditory stimuli? Yes x No _____

If so, what are the characteristics of the auditory stimuli?

Human Voice: Yes _x_ No _____

Environmental Sounds: Yes _x_ No _____

Sound Volume: _____ *Low* _x_ *Moderate* _____ *High*

Other characteristics or details about auditory stimuli: Responds to and participates in auditory songs and sound games with familiar adults

Is there an immediate or delayed response to auditory information? Please describe.
Immediate – Rachel will turn towards an individual who calls her name. She will move towards sound producing toys from up to 5 feet away.

What type of environment seems to best support auditory responsiveness?

Sound presentation distance (describe in inches or feet) within 5 feet

quiet _____ *low noise clutter* _x_ *echolocation boundaries* _____

Accompaniment of other sensory stimuli: Rachel enjoys sounds that are familiar to her such as toys and people she has interacted with previously.

Other environmental preferences for auditory responsiveness

Items that child shows an auditory response/preference to

Touch/Kinesthetic/Vestibular

Does the child have a diagnosis of cerebral palsy or other disorder affecting movement? Yes _____ No _x_
Does the child benefit from any orthopedic or special positioning/ambulation/ mobility device? Yes _____ No _x_

If yes, please list these device(s):

Does the child respond positively or negatively to being touched?

Positively _x_ Negatively _____

Please explain preferences or aversions for being touched (e.g., soft, firm, predictable)

Does the child respond positively or negatively to touching people/objects?
Positively _x_ Negatively _____

Please explain preferences or aversions for touching people/objects:

Does the child respond positively or negatively to movement?
Positively _____ Negatively _____

Please preferences or aversions to movement (e.g., slow, rhythmic, predictable):

Positions which seem to best support overall sensory responsiveness:

prone (on stomach) _____ *supine (on back)* _____ *sidelying* _____

sitting _____ *sitting with support* _____ *other* _____

Olfactory/Taste

Does the child positively respond to specific smells and/or tastes?

Yes_x_No_____

If yes, please describe: If Rachel smells something, such as chocolate, she will work to locate it and try to taste it. She likes the smell of candles and has tried to eat some!

Does the child negatively respond to specific smells and/or tastes?

Yes_____No_____

If yes, please describe:

Summary of Sensory Preference / Recommendations for Motivating Objects

Visual: Rachel enjoys brightly colored objects, those that have a light component, and those that are of high contrast. When selecting materials for Rachel consideration should be given to finding materials that motivate her to look.

Hearing: Rachel uses her hearing well to localize in her environment. Beginning to pair sounds with activities that are new to her would allow her to broaden her understanding of her world.

Touch/Movement: Rachel uses a combination of hearing and vision to move within her environment. She may benefit from learning some protective techniques and some search techniques to help her explore.

Smell/Taste: Rachel enjoys tasting things that smell good to her. As she does not yet understand what are safe things to taste and what are not, care should be taken to keep things that could be dangerous to her out of reach.

Visual Conditions Module 06/06/04
S4 Handout K
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