A QUICK LOOK at the Sensory Processing Measure

WHAT is the SPM?
The Sensory Processing Measure (SPM) is a norm-referenced assessment of sensory integration/sensory processing that gathers information about a child's behavior, coordination, and participation at home, in the community, and/or at school. Separate scores are provided for social participation, five sensory systems, and motor planning in the home and in the child's main classroom at school. Additional scores may be obtained for six different school settings, including art class, music class, physical education class, the playground, the cafeteria, and the school bus.

WHO can use the SPM?
Raters for the Main Classroom Form and School Environments Form are the student's primary classroom teacher and other teachers and school staff members who work with the child in different school settings (for example, the art teacher and the playground supervisor). The rater for the Home Form is the child's parent or home-based caregiver. Examiners (who interpret the results) are occupational therapists or other professionals trained in sensory integration/sensory processing, which may include psychologists, counselors, social workers, speech-language therapists, and physical therapists.

WHERE is the SPM administered?
The SPM can be filled out at a time and place that is convenient for the rater. Although it is based on the rater's observations of the child, the child need not be present when the form is being filled out.

WHEN is the SPM administered?
Raters must have observed the child in the environment being rated for at least 1 month. The main classroom teacher and the parent may need 15 to 20 minutes to complete their forms. The other raters may take less than 5 minutes.

WHY use the SPM?
The SPM provides critical information about whether sensory processing issues are, or are not, contributing to a child's behavior, making it a valuable instrument in determining what types of intervention might be appropriate for a child. It may also be used to measure program effectiveness when administered as a pre- and posttest. Use of the SPM builds team collaboration for intervention strategies, environmental modifications, program planning, and individualized education plan (IEP) development. It supports the early identification and intervention federal mandates of No Child Left Behind and the Individuals with Disabilities Education Improvement Act (IDEA).

HOW strong is the SPM as an assessment tool?
Both the Home Form and Main Classroom Form were standardized on a demographically representative sample of 1,051 typically developing children in Grades K through 6. Reliability of both forms is acceptable. The median internal consistency was .85 and .86, respectively, and the median test–retest reliability estimate for each form was .97. A subsample of 306 children from the standardization sample was used to develop scores for the School Environments Form, which yielded a median internal consistency of .89. A separate sample of 345 children receiving occupational therapy intervention was used to verify that the SPM scales can differentiate typical children from those with clinical disorders and do so in a clinically meaningful way. In addition, factor analytic studies provided strong evidence of the validity of the scale scores.
A QUICK LOOK at the Sensory Processing Measure – Preschool

WHAT is the SPM-P?
The Sensory Processing Measure – Preschool (SPM-P) is a norm-referenced assessment of sensory integration/sensory processing issues that gathers information about a child’s behavior, coordination, and participation in the home, in the community, and/or at preschool/day care. Separate scores are provided for social participation, five sensory systems, and motor planning in the home and in the child’s preschool/day care. The SPM-P can be used with children ages 2 to 5 years who have not yet started kindergarten. (Note: The companion measure to the SPM-P, the Sensory Processing Measure (SPM), can be used with 5- to 12-year-old children, including 5-year-olds who have already started kindergarten.)

WHO can use the SPM-P?
The rater for the School Form is the student’s preschool teacher or primary day care provider. The rater for the Home Form is the child’s parent or home-based caregiver. Examiners (who interpret the results) are occupational therapists or other professionals trained in sensory integration/sensory processing, which may include psychologists, counselors, social workers, speech–language therapists, and physical therapists.

WHERE is the SPM-P administered?
The SPM-P can be filled out at a time and place that is convenient for the rater. Although it is based on the rater’s observations of the child, the child need not be present when the form is being filled out.

WHEN is the SPM-P administered?
Raters must have observed the child in the environment being rated for at least 1 month. The preschool teacher or day care provider and the parent may need 15 to 20 minutes to complete their forms.

WHY use the SPM-P?
The SPM-P provides critical information about whether sensory processing issues are, or are not, contributing to a child’s behavior, making it a valuable instrument in determining what types of intervention might be appropriate for a child. It may also be used to measure program effectiveness when administered as a pre- and posttest. Use of the SPM-P builds team collaboration for intervention strategies, environmental modifications, program planning, and individualized family service plan (IFSP) and individualized education plan (IEP) development. It supports the early identification and intervention federal mandates of No Child Left Behind and both Part B and Part C of the Individuals with Disabilities Education Improvement Act (IDEA).

HOW strong is the SPM-P as an assessment tool?
Both the Home Form and School Form were standardized on a demographically representative sample of 651 typically developing 2- to 5-year-old children. Separate norms are provided for 2-year-olds and 3- to 5-year-olds. Both forms demonstrate good reliability. The median internal consistency was .81 for the Home Form and .82 for the School Form. The median test–retest reliability estimate for each form was .92. A separate sample of 242 children receiving occupational therapy intervention was used to verify that the SPM-P scales can differentiate typical children from those with clinical disorders and do so in a clinically meaningful way. In addition, factor analytic studies provided strong evidence of the validity of the scale scores.