



PREFERENCE ASSESSMENT



QUESTIONNAIRE

Parents/Guardians: We are asking you to please help our team find out what items/activities your child enjoys to help us determine the best choices to use as reinforcers during the day. This information will help motivate your child during work completion tasks and other individual goals in our classroom. Please check the items below and provide specific details regarding your child's individual preferences. Put NA if not applicable for your child. Thank your for working with us as a team!

EDIBLES/DRINKS:

- | | |
|--|---|
| <input type="checkbox"/> Chip _____ | <input type="checkbox"/> Breakfast item _____ |
| <input type="checkbox"/> Candy _____ | <input type="checkbox"/> Lunch item _____ |
| <input type="checkbox"/> Fruit _____ | <input type="checkbox"/> Frozen item _____ |
| <input type="checkbox"/> Cereal _____ | <input type="checkbox"/> Juice _____ |
| <input type="checkbox"/> Cookie _____ | <input type="checkbox"/> Milk _____ |
| <input type="checkbox"/> Sweet snack _____ | <input type="checkbox"/> Soft drink _____ |
| <input type="checkbox"/> Salty snack _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sour snack _____ | <input type="checkbox"/> Other _____ |

ACTIVITIES

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Balloons | <input type="checkbox"/> Making a craft | <input type="checkbox"/> Dancing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bubbles | <input type="checkbox"/> Computer/Tablet | <input type="checkbox"/> Listening to music | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Puzzles | <input type="checkbox"/> Blocks | <input type="checkbox"/> Singing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Play-doh | <input type="checkbox"/> Legos | <input type="checkbox"/> Cooking | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Kinetic sand | <input type="checkbox"/> Board games | <input type="checkbox"/> YouTube videos | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sensory items | <input type="checkbox"/> Video games | <input type="checkbox"/> Reading | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Walking | <input type="checkbox"/> Maps | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Jumping | <input type="checkbox"/> Stickers | <input type="checkbox"/> _____ |

Scan for Resources/References



SOCIAL:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult attention | <input type="checkbox"/> Extra breaks | <input type="checkbox"/> Time with preferred adult _____ |
| <input type="checkbox"/> Verbal praise | <input type="checkbox"/> Eat lunch by a friend | <input type="checkbox"/> Time with preferred peer _____ |
| <input type="checkbox"/> Smiling | <input type="checkbox"/> Teacher's helper | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High-five | <input type="checkbox"/> Show and tell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clapping | <input type="checkbox"/> Sit at the teacher's desk | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Positive phone call home | <input type="checkbox"/> Choose a brain break | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Positive note home | <input type="checkbox"/> Read to another class | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Helping others | <input type="checkbox"/> Expert time | <input type="checkbox"/> Other _____ |

AREAS OF INTEREST:

- | | |
|---|--|
| <input type="checkbox"/> Subject _____ | <input type="checkbox"/> Movie _____ |
| <input type="checkbox"/> Animal _____ | <input type="checkbox"/> Actor/Actress _____ |
| <input type="checkbox"/> Hobby _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Musician _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Song _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Character _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Color _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Outdoor Activity _____ | <input type="checkbox"/> Other _____ |

OTHER INFORMATION THAT WOULD BE HELPFUL? THANK YOU!