

REINFORCEMENT ASSESSMENT FORM

Student's Name: _____ Completed By: _____

Date: _____

Please indicate your child's preferences below. Please **provide specifics** if possible (e.g., what kind, brand, type, etc.). **Cross off (X) if your child hates a certain item.**

What are your child's preferences (likes and dislikes)?

Puzzles:

Games:

Musical Instruments:

Play Dough:

Action Figures:

Notes:

Other:

Sensory Preferences: (be sure to include likes AND dislikes)

Auditory (sounds):

Visual (light, colors):

Tactile (contact, textures):

Kinesthetic (movement):

Olfactory (smells):

Gustatory (tastes):

What are your student's entertainment preferences?

Movies:

TV:

Animation/Cartoons:

Music:

Video Games:

Board Games/Other:

List some of your child's favorite videos/tv shows/performers:

Circle (O) if child likes. Cross off (X) if child hates. Please provide specifics, if possible (e.g., what kind, brand, type, etc.)

Things

Balloons

Blocks

Chalk/crayons

"Dress Up" Materials

Dolls/Figurines

Funny Glasses

Jewelry

Koosh Balls

Puppets

Shiny/Sparkly Toys

Slinky

Spinning Toys

Stickers

Stopwatch

Stuffed Animals

Lighted Toys
Liquid Timers
Machines
Wind-up Toys
Noisy Cars/Vehicles

Textured Balls
Toy Cars
Trains Marbles

Sports

Skating
Basketball
Bike riding
Bowling
Fishing
Football
Horseback riding
Jumping rope
Other:

Appearance

Dressing Up
Skiing
Soccer
Softball/baseball
Swimming
Tennis
Volleyball
Walking/jogging
Weight training

Books (bk):

Pop-Up
Make-up
Manicures
Massages
Perfume/cologne
Picture taken
Other:

Bks w/ Sound:
Puzzle bk
Picture bk
Sensory bk
Sticker bk
Magazines
Coloring bk
Flip bk

Circle (O) if child likes. Cross off (X) if child hates.

What are your child's outdoor activities?

Bicycle:

Swing Set:

Trampoline:

Theme Parks:

Swimming:

Slide:

Other Notes:

What are your child's preferences for pets?

Cats:

Dogs:

Hamsters:

Fish:

Gerbils:

Other Notes:

Circle (O) if child likes. Cross off (X) if child hates. Please provide specifics, if possible (e.g., what kind, brand, type, etc.)

Getting a special certificate	Group activities	Silly faces
"Good note" home	Having a choice of seatmate	
"High fives"	Having lunch with a grown up	
Smiles/gestures		
Animal sounds	High volume praise	Songs
Being head of lunch line	Hugs	Spinning
Bouncing	Kidding and joking	Squeezes
Dancing	Pats	
Enthusiastic praise	Fast-paced tickles	
Playing with a friend		
Gentle tickles	Praise	Time with parent
Rough housing	Scratches	
Whispered praise	Shoulder rubs	

Circle (O) if child likes. Cross off (X) if child hates. Please provide specifics, if possible (e.g., what kind, brand, type, etc.)

What are your child's favorite snacks/foods?

Candy:

Fruit:

Cookies:

Crackers:

Chips:

Pretzels:

Ice Cream:

Other:

What are your child's favorite beverages?

Soda:

Juice:

Water:

Milk:

List your child's favorite flavors and brand names:

Other:

Having a snack
Raisinettes
Tootsie rolls
Lollipops
Gum
Graham crackers
Cereal
Chips
Bagels
Onion rings
Raisins
Bananas
Other vegetables
Soda
Chocolate milk

M & M's
Skittles
Candy corn
Candy bars
Marshmallows
Cake
Pretzels
Pudding
Pizza
Cheese
Grapes
Other fruit
Ice Cream
Snow cones
Other:

Chocolate chips
Sweet tarts
Gummy bears
Other candies
Cookies
Other crackers
Popcorn
Yogurt
French fries
Peanut butter
Apples
Carrots
Juice
Kool Aid