

PREFERENCE ASSESSMENT

NAME: _____

DATE: _____

Each category has several blank spaces: use these spaces to fill in additional preferences within that category that are not listed.

CANDY	YES	NO	FROZEN TREATS	YES	NO
M&M's			Popsicle		
Jelly beans			Ice cream		
Licorice			Flavor ice		
Candy cane					
Gum					
Smarties			SOFT FOODS		
Lollipops			Pudding		
Chocolate			Jello		
Starburst			Yogurt		
Candy kisses			Marshmallows		
Nerds			Cheese		
			Cottage cheese		
			Peanut butter		
			Jam/jelly		
			Whipped cream		
CEREALS					
Cheerios					
Cookie crips					
Fruit loops					
Trix					
			OTHER FOODS		
			Cake		
FRUIT			Cupcakes		
Apples			Doughnuts		
Oranges			Crackers		
Bananas			Corn chips		
Raisins			Cheese balls		
			Doritos		
			Cookies		
DRINKS			Popcorn		
Milk			Animal crackers		
Chocolate milk			Fruit snacks		
Apple juice					
Water			OTHER		
Orange juice			Rocking		
Soda			Having hair brushed		
Strawberry milk			Clapping hands		
Grape juice					

TANGIBLE REINFORCERS					
Stop watch			Drawing		
Lotion			Running		
Silly putty			Hide and seek		
Bubbles			Piggy back rides		
Chapstick			playing chase		
Play dough			Finger play		
Stickers			Peek a boo		
Perfume			Silly songs		
Toy instruments			Blowing whistles		
Legos			Sprinkle glitter		
Blocks			Tickles		
Puzzles			Flashlights		
Straws			Swing		
Powder			Sit and spin		
Magazines			Spin toy		
Nail polish					
Beads			Movies (list below)		
Scented items					
Stamps					
Paper					
Crayons					
Paint					
Balloons			OTHERS (list below)		
Bean bags					
Hats					
Mirrors					
Books					
Coloring books					
Whistles					
Colored chalk					