

REINFORCER ASSESSMENT

Child's Name: _____ Date: _____ Reporter's Name: _____

INSTRUCTIONS: Use a checkmark () to indicate the items or activities preferred.

SOCIAL AND SENSORY REINFORCERS

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Adult attention | <input type="checkbox"/> Hugs | <input type="checkbox"/> Private praise | <input type="checkbox"/> Public praise |
| <input type="checkbox"/> Attention from specific adults | <input type="checkbox"/> OK sign | <input type="checkbox"/> Applause | <input type="checkbox"/> Shake hands |
| List preferred adults: _____ | <input type="checkbox"/> Eye contact | <input type="checkbox"/> High 5 sign | <input type="checkbox"/> Thumbs up |
| <input type="checkbox"/> Being left alone | <input type="checkbox"/> Smiles | <input type="checkbox"/> Tickle | <input type="checkbox"/> Back rub |
| <input type="checkbox"/> Time spent with peer | <input type="checkbox"/> Stim time | <input type="checkbox"/> Being held | <input type="checkbox"/> Brushing |
| List preferred peers: _____ | <input type="checkbox"/> Jumping | <input type="checkbox"/> Swinging | <input type="checkbox"/> Twirling |
| <input type="checkbox"/> Freedom from interference from adults | <input type="checkbox"/> Vibrator | <input type="checkbox"/> Blanket roll | <input type="checkbox"/> Shoes off |
| <input type="checkbox"/> Freedom from interference from peers | <input type="checkbox"/> Motor Lab | <input type="checkbox"/> Lotion | <input type="checkbox"/> Powder |
| <input type="checkbox"/> A positive note to give to a person of choice | <input type="checkbox"/> Sit in adult's lap | <input type="checkbox"/> Public recognition | |
| List other _____ | List other _____ | | |

ACTIVITY REINFORCER

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Music | <input type="checkbox"/> Puzzles | <input type="checkbox"/> Computer | <input type="checkbox"/> Water play |
| List preferred music: _____ | <input type="checkbox"/> Outside play | <input type="checkbox"/> Snack time | <input type="checkbox"/> Free time |
| <input type="checkbox"/> Playing with toys | <input type="checkbox"/> Riding toys | <input type="checkbox"/> Books, stories | <input type="checkbox"/> Painting |
| List preferred toys: _____ | <input type="checkbox"/> Drawing | <input type="checkbox"/> Painting | <input type="checkbox"/> Visiting |
| <input type="checkbox"/> Playing with pets | <input type="checkbox"/> Cooking | <input type="checkbox"/> Balloons | <input type="checkbox"/> Making choices |
| <input type="checkbox"/> Going for a walk | <input type="checkbox"/> Job responsibilities | <input type="checkbox"/> More independence | <input type="checkbox"/> Special seat |
| <input type="checkbox"/> Wearing jewelry | <input type="checkbox"/> Wearing cosmetics | <input type="checkbox"/> Being read to | <input type="checkbox"/> Bubbles |
| List preferred materials: _____ | | | |
| Computer programs | | | |
| Please list preferred: _____ | | | |
| Social activities: | | | |
| Please list preferred: _____ | | | |
| Leisure activities | | | |
| Please list preferred: _____ | | | |

AREAS OF INTEREST

___ Animals	___ Weather	___ Trucks	___ Trains
List preferred animals: _____	___ Dinosaurs	___ Cars	___ Science
___ List favorite TV Programs: _____	___ Math	___ Numbers	___ Shapes
___ List favorite celebrities: _____	___ Machines	___ Tools	___ Sports
___ List favorite colors: _____	___ Outdoors	___ Clothes	___ Computers
___ List favorite movies: _____			
___ List favorite songs: _____			
___ List favorite places to go: _____			
___ Other: _____			

PLEASE LIST THE FOLLOWING:

Foods disliked _____	Noises disliked _____
Activities disliked _____	Places disliked _____
Materials disliked _____	Animals disliked _____
Other dislikes _____	Known fears _____

TANGIBLE ITEMS

PLEASE LIST THE FOLLOWING PREFERRED TANGIBLE ITEMS (by product name/type):

___ Chips _____	___ Snacks _____
___ Cookies _____	___ Drinks _____
___ Candy _____	___ Stickers _____
___ Fruit _____	___ Toys _____
___ Cereal _____	___ Games _____
___ Other _____	