

Preferences Checklist

Student Name; _____ Completed by: _____ Date: _____

How often does it “work”?

Possible Reinforcers and specific type	Always	Frequently	Sometimes	Never
gum _____				
marshmallows				
chocolate				
cookies _____				
crackers _____				
cereal _____				
chips _____				
pretzels				
popcorn				
bagels				
pizza _____				
cheese _____				
peanut butter				
grapes				
bananas				
ice cream				
popsicle				
M&Ms				
skittles				
juice _____				
soda _____				
milk _____				
water				
outside play				
walking inside				
running / chasing				
bicycling				
dancing				
bubbles				
watching videos				
digital games				
music				
rough & tumble play				
rocking (chair)				
coloring				
drawing				
shape sorters				
finger play				
swimming				
playing ball games				
manipulative toys				
stickers				
music				
books				

[illegible]

Please list favorite / preferred items noted below.
Base on what you most see, not only what the
child says. If none, write N/A or leave blank.

Other foods _____

Color (s) _____

TV show

Computer game / site _____

Video / movie _____

Character (TV, movie, book) _____

Outing (restaurant, park, etc.) _____

Animal _____

Book _____

Anything else? _____
