

Section 2:

Drink Items				
Please think about certain drinks that your child prefers such as water, juice, soda. Below please check whether each food is highly preferred, somewhat preferred, not preferred at all. There is space at the end to add additional items not listed.				
Item:	Highly Preferred	Somewhat Preferred	Not Preferred at All	Notes: (types, brands, allergies, etc..)
Soda				
milk				
juice				
tea				
coffee				
Kool-aid				
Chocolate milk				
Hot chocolate				

Section 3:

In this section, try to note and think about items your child enjoys looking at that includes specific videos, tv shows, computer games, books, etc... This may even include things that mean seem “strange” like watching his/her hand move through the air or other toy items that he/she may watch closely There is space at the end to add additional items not listed.				
Item:	Highly Preferred	Somewhat Preferred	Not Preferred at All	Notes: (types, brands, allergies, etc..)
Mirrors				
Bright lights				
Shiny objects				
Spinning objects				
TV shows (list in list box)				
Movies (list in last box)				

Long objects (like pencils, flags, sticks)				
Computer Games (list in last box)				

Section 4:

In this section, try to note and think about items your child enjoys looking at that includes specific videos, tv shows, computer games, books, etc... This may even include things that mean seem “strange” like watching his/her hand move through the air or other toy items that he/she may watch closely
 There is space at the end to add additional items not listed.

Item:	Highly Preferred	Somewhat Preferred	Not Preferred at All	Notes: (types, brands, allergies, etc..)
Mirrors				
Bright lights				
Shiny objects				
Spinning objects				
TV shows (list in list box)				
Movies (list in last box)				
Long objects (like pencils, flags, sticks)				
Computer Games (list in last box)				

Section 5:

In this section, try to note and think about items your child enjoys listening to... There is space at the end to add additional items not listed.				
Item:	Highly Preferred	Somewhat Preferred	Not Preferred at All	Notes: (types, brands, allergies, etc..)
Music (list types)				
Car sounds				
Whistles				
Alarm/Siren Sounds				
Clicking noises				
Clapping				
echoes				
Funny voices				
Whispering				
Water sounds (splashing, dripping, pouring)				

Section 6:

In this section, try to note and think about items your child enjoys smelling. There is space at the end to add additional items not listed.				
Item:	Highly Preferred	Somewhat Preferred	Not Preferred at All	Notes: (types, brands, allergies, etc..)
Foods				
Soaps				
Perfumes				
Flowers				
Grass				
Candles				

Section 7:

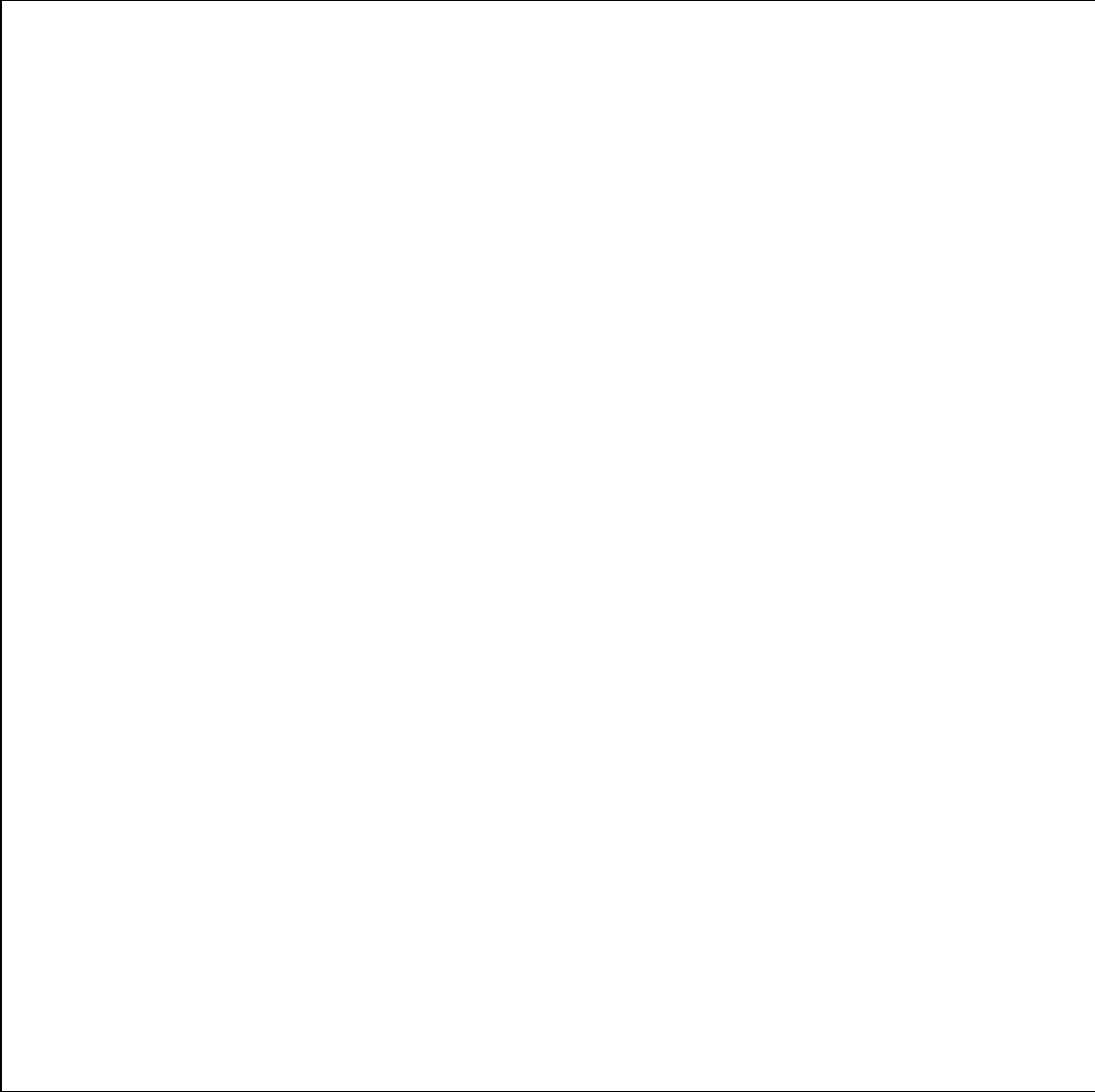
In this section, try to note and think about gross motor activities that your child enjoys to participate in. There is space at the end to add additional items not listed.				
Item:	Highly Preferred	Somewhat Preferred	Not Preferred at All	Notes: (types, brands, allergies, etc..)
running				
Jumping				
Spinning				
Rolling				
Gymnastics				
Being tickled				
swimming				
Wrestling				
Swinging				
Kicking balls				
Throwing balls				
sliding				

Section 8:

In this section, try to note and think about other activities that your child enjoys participating in. There is space at the end to add additional items not listed.				
Item:	Highly Preferred	Somewhat Preferred	Not Preferred at All	Notes: (types, brands, allergies, etc..)
Reading books				
Puzzles				
Playing games				
Painting				
drawing				
Craft activities				
Cooking				
Taking walks				

Section 9:

Finally, please list any other things your child really enjoys or really dislikes that wasn't mentioned above.

A large, empty rectangular box with a thin black border, intended for the user to list other things their child enjoys or dislikes.

Thank again for your input and support!!