Preference Assessment Interview

Student:	Parent:
Date:	Teacher

Please complete the questions to the best of your ability.

Section 1:

Food Items

Please think about certain foods that your child prefers such as peanut butter, Twizzlers, and ice cream. 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	Somewhat	Not Preferred	Notes:
Tuenn:	Preferred	Preferred	at All	(types, brands, etc)
Candy				
Gum				
Crackers				
Cookies				
brownies				
Chips				
Apples				
Grapes				
Pears				
Oranges				
Strawberries				
Melons				
Pineapple				
Vegetables				
Chicken				
Hamburgers				
Hotdogs				
pizza				
French fries				
Fruit snacks				
Yogurt				
Cheese				
Ice cream				
Pretzels				

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.

un. There is space	Highly Somewhat Not Preferred Notes:			Notes:
Item:	Preferred	Preferred	at All	(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.

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.

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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				

Listening to		
music		
Kicking balls		
Throwing balls		
sliding		
Playing on		
computer		
Sports		
Karate		
Playing with		
water		
Play-dough		
Sensory type		
activities (brushing skin,		
weighted blanket,		
bean bag)		
Hugs		
Rubbing head		
Playing cars		
Balloons		
Bubbles		
Flashlights		
Blocks		
Legos		
barbies		

Section 9: Finally, please list any other things your child really enjoys or really dislikes that was:
mentioned above.

Thank again for your input and support!!