

ABA PREFERENCE ASSESSMENT

Name: _____ Date: _____

Person completing form: _____

Please list your child's top 5 preferred items/activities/snacks, etc.

1.

2.

3. 4.

5.

Please circle the items/activities that your child prefers.

ITEMS	ACTIVITIES	SNACKS
Cars & Trucks Trains Bubbles Movies/TV Musical Toys Stuffed Animals Books Puzzles Ball Action figures Babies Kitchen Doll House Blocks Board Games Playdough Dinosaurs	ACTIVITIES Art: coloring, painting, etc. Swinging Trampoline Tickles Singing/Music Playing instruments Tunnel play Peek-a-boo Bouncing on ball Being picked up Parachute Squeezing or pressure Computer play Going for a walk Scratches or rubs	<u>SNACKS</u> <u>Please list child's favorites:</u> <u>Please list any foods child cannot</u> <u>have</u>
Sensory toys (squishy, rough, etc) Stickers		

Please list any activities/items that the child finds aversive (i.e., loud sounds, music, tickles, etc..)

Please list any other types of activities or items your child might enjoy that have not been mentioned.