## ABA PREFERENCE ASSESSMENT

Name: $\qquad$ Date: $\qquad$
Person completing form: $\qquad$
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 | Art: coloring, painting, etc. | Please list child's favorites: |
| Trains | Swinging |  |
| Bubbles | Trampoline |  |
| Movies/TV | Tickles |  |
| Musical Toys | Singing/Music |  |
| Stuffed Animals | Playing instruments |  |
| Books | Tunnel play |  |
| Puzzles | Peek-a-boo |  |
| Ball | Bouncing on ball | Please list any foods child cannot |
| Action figures | Being picked up | have |
| Babies | Parachute |  |
| Kitchen | Squeezing or pressure |  |
| Doll House | Computer play |  |
| Blocks | Going for a walk |  |
| Board Games | Scratches or rubs |  |
| Playdough |  |  |
| Dinosaurs |  |  |
| 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.

