



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 Sensory toys (squishy, rough, etc) Stickers	Art: coloring, painting, etc. Swinging Trampoline Ticksles 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>Please list child's favorites:</u> <u>Please list any foods child cannot have</u>

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.
