

Reinforcement Assessment

Student Name: _____ Date: _____

Person Completing Form: _____

Food

Candy	No	Yes	Favorite:
Cereal	No	Yes	Favorite:
Chips	No	Yes	Favorite:
Cookies	No	Yes	Favorite:

Favorite Foods: 1. 2. 3. 4.	Disliked Foods: 1. 2. 3. 4.
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Entertainment

TV Shows	No	Yes	Favorite:
Music	No	Yes	Favorite:
Video Games	No	Yes	Favorite:
Movies	No	Yes	Favorite:

Arts

Coloring	No	Yes	Favorite:
Painting	No	Yes	Favorite:
Singing	No	Yes	Favorite:

Dancing	No	Yes	Favorite:
Instrument(s)	No	Yes	Favorite:

Social

Praise	No	Yes	Favorite:
Time (1:1) with another individual	No	Yes	Favorite:
Group Activity	No	Yes	Favorite:
Go for a Walk	No	Yes	Favorite:
Ride in a Car	No	Yes	Favorite:

Sensory

Smells	No	Yes	Favorite:
Colors	No	Yes	Favorite:
Noises	No	Yes	Favorite:
Visuals	No	Yes	Favorite:

Other

Books	No	Yes	Favorite:
Toys	No	Yes	Favorite:
Free Time	No	Yes	Favorite:

Additional Information

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