

Reinforcer Assessment

I. Activity and Tangible Reinforcers

Child's Name: _____ Date: _____

Instructions: Place a check next to the preferred items and list preferred items in the blanks

Listening to music: _____

Playing with toys: _____

Computer programs: _____

Snacks/Candy: _____

Drinks: _____

Playing games: _____

Puzzles

Helping/passing out materials

Outside play

Balloons

Going for a walk

Cooking

Drawing

Stickers

Doing a job/task

Coloring

Snack time

Running/being chased

Riding toys/bikes

Balls

Painting

Other: _____

Sitting in a special seat

Other: _____

Water play

Other: _____

Free time

Other: _____

Reading books

Reinforcer Assessment

II. Social and Sensory Reinforcers

Child's Name: _____ Date: _____

Instructions: Place a check next to the preferred items

Adult attention
List preferred adults/activities with adults: _____

Time with peers
List preferred peers/activities with peers: _____

Being left alone/no interference from adults/peers

Hugs

Tickles

Verbal praise

Twirl around

Rocking/being rocked

Jumping

High five

Koosh ball

Swinging

Water Timer

Roll up in blanket/bean bag

Light up toys

Blowing bubbles

Noise makers/auditory toys

Back rub/hand rubs

Other: _____

Pats or deep pressure on shoulders

Other: _____

Being brushed

Other: _____

Taking shoes off

Other: _____

Applause

Reinforcer Assessment III. Areas of Interest

Child's Name: _____ Date: _____

Instructions: Place a check next to the preferred items and list preferred items in the blanks

Animals: _____

Dinosaurs: _____

Numbers: _____

Letters: _____

Colors: _____

Trains: _____

Cars/Transportation: _____

Sports: _____

TV programs: _____

Movies: _____

Songs/Singers: _____

Other: _____

Other: _____

Information on Dislikes:

List non-preferred toys: _____

List non-preferred activities: _____

List non-preferred foods: _____