

# Middle/High School Student Reinforcer Survey

Child's Name: \_\_\_\_\_

Completed by: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Date: \_\_\_\_\_

**Please indicate how much the student enjoys the following items/activities using the following guidelines:**

**Not At All**—shows no interest, may push away or reject item, may show strong reaction to participating in activity, shows no pleasure or enjoyment in this item/activity.

**A Little**—accepts this item when offered but rarely requests it or attempts to get it independently, may show some pleasure or enjoyment when presented

**A Lot**—accepts this item/activity when offered and show strong pleasure or enjoyment by laughing, maintaining attention, getting upset when item/activity is withdrawn, actively requests or seeking the item/activity independently

**N/A**—item/activity is not available to the child

## Food

How much does the student enjoy  
each of these foods?

Not At All

A Little

A Lot

N/A

Crackers				
Cookies				
Marshmallows				
Cupcakes				
Ice cream				
Juice				
Soda				
Doughnuts				
Popcorn				
Corn/Potato chips				
Fruit				
Fruit snacks				
Vegetables				
Jell-O				
Milk				
Peanut butter				
Raisins				
Cereal				
Pudding				
Cheese				
Popsicles				
Milkshakes				
Kool-aid				
Special desserts				
Other:				

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## Activities

How much does the student enjoy each of these activities?

Not At All

A Little

A Lot

N/A

Going to the park				
Listening to music				
Singing				
Playing a musical instrument				
Swinging (for sensory input)				
Matching like objects				
Playing a board/card game				
Dressing up				
Playing in the yard				
Taking pictures				
Talking into a tape recorder				
Listening to music				
Going out for a treat				
Painting, drawing, etc.				
Looking at flashing lights				
Playing on computer				
Video games				
Riding in the car				
Riding a bicycle				
Staying up later at bedtime				
Watching TV				
Playing basketball				
Doing multi-piece puzzles				
Playing other sports (list):				
Looking at magazines/books				
Dancing				
Cooking				
Using tools				
Doing household chores (list):				
Writing stories				
Looking at self in mirror				
Time alone in contained area				
Bouncing on the bed or trampoline				
Rocking				
Time alone				
Playing with clay/theraputty				
Swinging				
Brisk walking/running				
Deep pressure massage				
Therapeutic brushing				
Other sensory related activities:				

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## Social

How much does the student enjoy each of these activities?

Not At All

A Little

A Lot

N/A

Talking on the phone or email with friends				
Doing household chores (i.e. cooking, cleaning) with family				
Being told "Gimme five"				
Watching others play				
Playing throw and catch				
Being read to				
Reading to others				
Visiting with extended family				
Playing with brother/sister				
Helping parent(s)				
Sitting with parent(s)				
Being hugged				
Being tickled				
Verbal praise				
Playing games with peers and/or adults				
Other:				

## Tangible/Material

How much does the student enjoy each of these items?

Not At All

A Little

A Lot

N/A

Coins/Tokens				
Looking @ pictures of family members				
Objects that have lights, shine, etc.				
Objects that make sounds, music, etc.				
Objects with different textures (i.e. squishy, rough, soft, etc.)				
Prizes out of grab bag				
Trading cards (what kind)				
Other:				

Comments (Please list any other items/activities that your student finds enjoyable. Also list any items/activities that your student has a strong dislike for):

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