

Student Reinforcer Survey

Courtesy of TDSB Special Education

Name:	
Date:	

*To be completed by someone who knows the individual well

Social/Verbal (interactions/statements): 1. 2. 3.	Favourite activities : 1. 2. 3.
Favourite “things” (something to “get/receive”... i.e., toy car/stickers/teddy bears etc.) : 1. 2. 3.	Favourite “thing” (PERSONAL item... i.e., blankie/doll etc.) : 1. 2. 3.
Favourite activities (with others): 1. 2. 3.	Favourite activities (alone): 1. 2. 3.
Favourite snacks/drinks : 1. 2. 3.	Favourite meals : 1. 2. 3.

Favourite fast food (if applicable): 1. 2. 3.	Preferred Physical Activities: 1. 2. 3.
Sensory Items/Sensory Behaviours (i.e., enjoys putting things in mouth; squeezing/flapping hands; touch; applying pressure; rolling; etc) 1. 2. 3.	Possible things that may “trigger” uncomfortable feelings/behaviours. (i.e., frustration with noises; lights; personal space; etc) 1. 2. 3.