

Preference Assessment[©]

Name:	Completed by:			Date:		
Thank you for providing this crucial information. If you need additional space, please feel free to attach additional pages. Please be as specific as possible. If there is a name brand that is important in any area, list that as well.						
<u> </u>	Salty Snack Foods:	- - - -	Sweet Snack	x Foods:		
Cr	unchy Snack Foods:	- - - -	Smooth Snac	k Foods:		
	Fresh Fruit:	- - - -	Dried Fr	ruit:		
		- - -				

Drinks:	Candy:	
Prefers ice in drinks: □ yes □ no		
Chewy/Gummy Candy:	Hard Candy:	
Specific color(s) or flavor(s):	Specific color(s) or flavor(s):	
Candy Bars:	Seasonal Candy:	
Breakfast Meats:	Other Breakfast Foods:	

Cereal:	Cereal Bars/Granola Bars:
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Main Course Options (lunch):	Sandwiches/Spreads:
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Lunch (sides):	Condiments (lunch or breakfast):
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Favorite Toys/Activities:	Outside Activities:

TV shows (or news/weather):	DVDs:
Favorite books (s) or Magazines:	Video Games:
Visual (specific patterns, etc.):	Prefers to play these alone? □yes□no Auditory (specific sounds or types):
Fine Motor Activities:	Gross Motor Activities:
Sensory Toys/Activities:	Characters:

Deep Pressure Input (where?):	Light Pressure Input (where?):
	-
Social Games:	Songs/Rhymes/Fingerplays:
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	<u>-</u>
	<u> </u>
Music genre or band:	Cartoon characters/Anime/Manga:
	<u>-</u>
Cosmetics or other hygiene:	Crafting activities:
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	<u>-</u>
Musical Instruments:	Specific Apps:

Gym equipment or activity:	Sport or sporting equipment:
Outdoor Activities:	OT/PT Activities:
Unique "stimmy" items:	Plays with these how?
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Vestibular (swinging, spinning):	Stickers/stamps:
Sensory play (water, rice, etc.):	Favorite people:

Additional Information that you feel is important!

NOTE: If you are having a difficult time identifying a variety of specific preferences, review these categories (adding others as well!) and spend a couple of days simply watching what this person does when no other tasks are presented. Watching what a person likes to do during down time can be a powerful indicator of preference!