



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.

Salty Snack Foods:

Sweet Snack Foods:

Crunchy Snack Foods:

Smooth Snack Foods:

Fresh Fruit:

Dried Fruit:

Drinks:

Prefers ice in drinks: yes no

Chewy/Gummy Candy:

Specific color(s) or flavor(s):

Candy Bars:

Breakfast Meats:

Candy:

Hard Candy:

Specific color(s) or flavor(s):

Seasonal Candy:

Other Breakfast Foods:

Cereal:

Cereal Bars/Granola Bars:

Main Course Options (lunch):

Sandwiches/Spreads:

Lunch (sides):

Condiments (lunch or breakfast):

Favorite Toys/Activities:

Outside Activities:

TV shows (or news/weather):

DVDs:

Favorite books (s) or Magazines:

Video Games:

Prefers to play these alone? yesno

Visual (specific patterns, etc.):

Auditory (specific sounds or types):

Fine Motor Activities:

Gross Motor Activities:

Sensory Toys/Activities:

Characters:

Deep Pressure Input (where?):

Social Games:

Music genre or band:

Cosmetics or other hygiene:

Musical Instruments:

Light Pressure Input (where?):

Songs/Rhymes/Fingerplays:

Cartoon characters/Anime/Manga:

Crafting activities:

Specific Apps:

Gym equipment or activity:

Sport or sporting equipment:

Outdoor Activities:

OT/PT Activities:

Unique "stimmy" items:

Plays with these how?

Vestibular (swinging, spinning):

Stickers/stamps:

Sensory play (water, rice, etc.):

Favorite people:
