



## Preference Assessment<sup>©</sup>

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:

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Sweet Snack Foods:

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Crunchy Snack Foods:

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Smooth Snack Foods:

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Fresh Fruit:

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Dried Fruit:

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Drinks:

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Prefers ice in drinks:  yes  no

Chewy/Gummy Candy:

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Specific color(s) or flavor(s):

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Candy Bars:

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Breakfast Meats:

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Candy:

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Hard Candy:

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Specific color(s) or flavor(s):

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Seasonal Candy:

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Other Breakfast Foods:

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Cereal:

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Cereal Bars/Granola Bars:

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Main Course Options (lunch):

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Sandwiches/Spreads:

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Lunch (sides):

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Condiments (lunch or breakfast):

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Favorite Toys/Activities:

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Outside Activities:

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TV shows (or news/weather):

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DVDs:

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Favorite books (s) or Magazines:

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Video Games:

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Prefers to play these alone? yesno

Visual (specific patterns, etc.):

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Auditory (specific sounds or types):

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Fine Motor Activities:

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Gross Motor Activities:

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Sensory Toys/Activities:

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Characters:

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Deep Pressure Input (where?):

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Social Games:

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Music genre or band:

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Cosmetics or other hygiene:

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Musical Instruments:

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Light Pressure Input (where?):

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Songs/Rhymes/Fingerplays:

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Cartoon characters/Anime/Manga:

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Crafting activities:

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Specific Apps:

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Gym equipment or activity:

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Sport or sporting equipment:

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Outdoor Activities:

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OT/PT Activities:

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Unique "stimmy" items:

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Plays with these how?

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Vestibular (swinging, spinning):

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Stickers/stamps:

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Sensory play (water, rice, etc.):

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Favorite people:

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