

Reinforcer Inventory

Child's Name: _____ Date: _____

Please Mark the items/activities that your child prefers.

- X = Something they like a lot
- ☺ = Something they LOVE (Favorite)

It is recommended that adults review/revisit this form periodically as desirable items tend to change frequently!

Social Reinforcers	Sensory Reinforcers	Activity Reinforcers
<input type="checkbox"/> Adult attention	<input type="checkbox"/> Vibrating Toys	<input type="checkbox"/> Puzzles
<input type="checkbox"/> Hugs	<input type="checkbox"/> Roll up in a Blanket	<input type="checkbox"/> Manipulatives (Peg Board, beads)
<input type="checkbox"/> Kisses	<input type="checkbox"/> Blowing Bubbles	<input type="checkbox"/> Legos/Blocks
<input type="checkbox"/> Sit in Adults Lap	<input type="checkbox"/> Swinging	<input type="checkbox"/> Dress up (hats, jewelry, dresses)
<input type="checkbox"/> High five/Knuckle Bumps	<input type="checkbox"/> Being Held/Picked Up	<input type="checkbox"/> Drawing
<input type="checkbox"/> Verbal Praise	<input type="checkbox"/> Squeezes	<input type="checkbox"/> Computer
<input type="checkbox"/> Thumbs up sign	<input type="checkbox"/> Back Rub/Scratched	<input type="checkbox"/> Painting
<input type="checkbox"/> Group Cheers	<input type="checkbox"/> Shoes Off	<input type="checkbox"/> Riding toys
<input type="checkbox"/> Applause	<input type="checkbox"/> Being Brushed	<input type="checkbox"/> Water play
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Twirl Around/Spin	<input type="checkbox"/> Books
<input type="checkbox"/> Tickles	<input type="checkbox"/> Jumping	<input type="checkbox"/> Sand play
<input type="checkbox"/> Hand Shakes	<input type="checkbox"/> Tickles	<input type="checkbox"/> Going for a Walk

(Continues on next page)

Other Activities

Music - List preferred songs: _____

Toys - List favorites: _____

Outdoor Activities - List favorites: _____

Areas of Interest

Animals

Sports

Letters/Alphabet

Trains

Dinosaurs

Shapes

Tools

Numbers

Cars & Trucks

Weather

Favorite TV Show(s): _____

Favorite TV/Cartoon/Movie Characters: _____

Favorite Movie(s): _____

Favorite Restaurant(s): _____

Favorite Foods/Snacks: _____

Things your child does NOT like:

Foods they dislike: _____

Noises/Sounds disliked: _____

Activities disliked: _____

Animals disliked: _____

Materials/Toys disliked: _____

Any known fears: _____

LEAP Preschool Model Forms: Adapted from A Treasure Chest of Behavioral Strategies for Individuals with Autism by B.Fouse & M.Wheeler, 1977