City School District of Albany

Reinforcer Preference Survey

Student Name:

Person Completing Form:

Date:

Instructions: Put a check in the box next to the beverages, food, and recreation activities that you like or enjoy.

Staff may complete this form if the child is unable to do so independently.

|  |  |
| --- | --- |
| Beverages | Food |
| [ ]  | Milk (plain, chocolate) | [ ]  | Bagels |
| [ ]  | Fruit Juices | [ ]  | Chips |
| [ ]  | Water | [ ]  | Pretzels |
| [ ]  | Flavored Water | [ ]  | Fruit |
| [ ]  | Other:       | [ ]  | Other:       |

|  |  |
| --- | --- |
| Social | Tangible |
| [ ]  | Classroom Helper | [ ]  | Stickers |
| [ ]  | Time with a Friend | [ ]  | Pencils, Pens. Markers, Crayons |
| [ ]  | Time with Preferred Staff | [ ]  | Small Toys |
| [ ]  | Being a Peer Tutor | [ ]  | Books, Magazines |
| [ ]  | Other:       |  [ ]  | Other:       |

|  |  |
| --- | --- |
| Activity | Academic |
| [ ]  | Drawing/coloring | [ ]  | Having Work Displayed |
| [ ]  | Listening to music | [ ]  | Getting Good Grades |
| [ ]  | Reading | [ ]  | Teacher Praise (verbal, non-verbal) |
| [ ]  | Computer | [ ]  | Earning Points |
| [ ]  | Other:       | [ ]  | Other:       |

**Please list any known disincentives**: