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ABA THERAPY - REINFORCERS

Child's Name: _____ Gender: M F Age: _____

Date: ___ / ___ / _____ (Mo./Day/Year) Completed by: _____

Please list the most preferred items (#1 is the favorite and so forth...) that you have noted off on this checklist.

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

Directions: Please place a check mark next to each item that the student likes.

EDIBLE REINFORCERS	
1. Crackers <input type="checkbox"/>	11. M & M's <input type="checkbox"/>
2. Cheese Crackers <input type="checkbox"/>	12. Skittles <input type="checkbox"/>
3. Cookies <input type="checkbox"/>	13. Starbusts <input type="checkbox"/>
4. Corn Chips <input type="checkbox"/>	14. Apple Jacks <input type="checkbox"/>
5. Doritos <input type="checkbox"/>	15. Froot Loops <input type="checkbox"/>
6. Goldfish <input type="checkbox"/>	16. _____ Juice <i>(please specify)</i> <input type="checkbox"/>
7. Popcorn <input type="checkbox"/>	17. Water <input type="checkbox"/>
8. Pretzels <input type="checkbox"/>	18. Soda <input type="checkbox"/>
9. Chocolate Candy <input type="checkbox"/>	19. Other _____ <i>(please specify)</i> <input type="checkbox"/>
10. Licorice <input type="checkbox"/>	

Directions: Please place a check mark next to each item that the student likes.

MATERIAL REINFORCERS

1. Beads <input type="checkbox"/>	11. Musical Instruments <input type="checkbox"/>
2. Bean Bags <input type="checkbox"/>	12. Musical Toys <input type="checkbox"/>
3. Books _____ (please specify) <input type="checkbox"/>	13. Noise Makers <input type="checkbox"/>
4. Books with Tape <input type="checkbox"/>	14. Pennies (Token Board) <input type="checkbox"/>
5. Bubbles <input type="checkbox"/>	15. Puzzles <input type="checkbox"/>
6. Chalk / Chalkboard <input type="checkbox"/>	16. Stamps <input type="checkbox"/>
7. Computer <input type="checkbox"/>	17. Stickers <input type="checkbox"/>
8. Bubble Gum <input type="checkbox"/>	18. Trains <input type="checkbox"/>
9. Crayons <input type="checkbox"/>	19. Videos <input type="checkbox"/>
10. Electronic Toys <input type="checkbox"/>	20. Other _____ (please specify) <input type="checkbox"/>

SENSORY REINFORCERS

1. Beans (Sensory Bin) <input type="checkbox"/>	11. Rocking <input type="checkbox"/>
2. Bumble Ball <input type="checkbox"/>	12. Running <input type="checkbox"/>
3. Deep Pressure <input type="checkbox"/>	13. Scooter Board <input type="checkbox"/>
4. Fan <input type="checkbox"/>	14. Shredded Paper (Sensory Bin) <input type="checkbox"/>
5. Flashlight <input type="checkbox"/>	15. Spinning Toys <input type="checkbox"/>
6. Jumping <input type="checkbox"/>	16. Therapy Ball <input type="checkbox"/>
7. Kaleidoscope <input type="checkbox"/>	17. Vibrating Toy <input type="checkbox"/>
8. Koosh Ball <input type="checkbox"/>	18. Trampoline <input type="checkbox"/>
9. Lotion <input type="checkbox"/>	19. Water (Sensory Bin) <input type="checkbox"/>
10. Rice <input type="checkbox"/>	20. Other _____ (please specify) <input type="checkbox"/>

SOCIAL REINFORCERS

1. Clapping <input type="checkbox"/>
2. Enthusiastic Praise <input type="checkbox"/>
3. High Fives <input type="checkbox"/>
4. Hugs <input type="checkbox"/>
5. Music <input type="checkbox"/>
6. Tickles <input type="checkbox"/>
7. Singing a Song <input type="checkbox"/>

ADDITIONAL REINFORCERS (please specify)

1.
2.
3.
4.
5.
6.
7.

Thank You for filling out this questionnaire!
The Therapies 4 Kids ABA Staff