



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
<p>x 😊</p> <ul style="list-style-type: none"> Adult attention Hugs Kisses Sit in Adults Lap High five/Knuckle Bumps Verbal Praise Thumbs up sign Group Cheers Applause Eye Contact Tickles Hand Shakes 	<p>x 😊</p> <ul style="list-style-type: none"> Vibrating Toys Roll up in a Blanket Blowing Bubbles Swinging Being Held/Picked Up Squeezes Back Rub/Scratched Shoes Off Being Brushed Twirl Around/Spin Jumping Tickles 	<p>x 😊</p> <ul style="list-style-type: none"> Puzzles Manipulatives (Peg Board, beads) Legos/Blocks Dress up (hats, jewelry, dresses) Drawing Computer Painting Riding toys Water play Books Sand play 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