

Utah Department of Health/CSHCN/ABLE Program
 Assessing Positive and Negative Reinforcers in Children (2-6)
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Name of Child: _____ Date: _____ D of B _____ Age _____
 Evaluation was by: Self ___ Parent ___ Teacher ___ Other(name) _____

Note: Write NA besides a question of it is Not Applicable.

Check off only those things the child loves to eat most of the time.

- | | | | |
|----------------|-----------------|------------------|-----------------|
| Ice cream ___ | Candy ___ | Potato Chips ___ | Cookies ___ |
| Fruits ___ | Cold Cereal ___ | Pastry ___ | Cheese ___ |
| Pretzels ___ | Sandwiches ___ | Milk ___ | Soda Drinks ___ |
| Pudding ___ | Salads ___ | Pasta ___ | Hamburgers ___ |
| Vegetables ___ | Hot Cereals ___ | Nuts ___ | Steak ___ |
| Hot dogs ___ | Fruit Juice ___ | Rice ___ | Popcorn ___ |

What are the child's three favorite foods? 1. _____
 2. _____ 3. _____

Assessing Pre-School, Kindergarten, Home School, or First Grade:

How much does the child like: Loves it Likes it Doesn't like it Unable to do

Copying pictures (shapes and objects)	_____	_____	_____	_____
Looking at Pictures	_____	_____	_____	_____
Sounding out words	_____	_____	_____	_____
Printing Letters and Words.....	_____	_____	_____	_____
Drawing pictures/painting.....	_____	_____	_____	_____
Listening to Music	_____	_____	_____	_____
Playing group games at school.....	_____	_____	_____	_____
Watching sport activities	_____	_____	_____	_____
Recess and the playground time.....	_____	_____	_____	_____

<i>How much does the child like:</i>	<i>Loves it</i>	<i>Likes it</i>	<i>Doesn't like it</i>	<i>Unable to do</i>
Riding the School Bus	_____	_____	_____	_____
Rest or napping time at school	_____	_____	_____	_____
Sleeping	_____	_____	_____	_____
Jumping or hopping on one foot	_____	_____	_____	_____
Using a jump rope	_____	_____	_____	_____
Tracing Designs	_____	_____	_____	_____
Their pet(s) Describe: _____	_____	_____	_____	_____
Imitating the physical actions of others	_____	_____	_____	_____
Walking up and down stairs	_____	_____	_____	_____
Talking in full sentences	_____	_____	_____	_____
Naming colors	_____	_____	_____	_____
Building towers of at least 8 blocks	_____	_____	_____	_____
Asking questions	_____	_____	_____	_____
Counting to 10	_____	_____	_____	_____
Puzzles of at least 10 pieces	_____	_____	_____	_____
Playing hide and seek	_____	_____	_____	_____
Being correct in saying boy or girl	_____	_____	_____	_____
Using prepositions (at least four)	_____	_____	_____	_____
Water Play/Swimming	_____	_____	_____	_____
Brushing their teeth	_____	_____	_____	_____
Playing with clay or crayons	_____	_____	_____	_____
Doing Puzzles	_____	_____	_____	_____

How much does the child like: Loves it Likes it Doesn't like it Unable to do

Family pet(s) Describe: _____	_____	_____	_____	_____
Playing with other children	_____	_____	_____	_____
Traveling with the family	_____	_____	_____	_____
Trip to the Zoo	_____	_____	_____	_____
Trip to the Library	_____	_____	_____	_____
Visiting a Park	_____	_____	_____	_____
Visits to the Dentist	_____	_____	_____	_____
Visits to the Doctor	_____	_____	_____	_____
Camping	_____	_____	_____	_____
Playing Outside	_____	_____	_____	_____
Building Blocks	_____	_____	_____	_____
Completing things they start	_____	_____	_____	_____
Watching Television	_____	_____	_____	_____
Snacking on Foods	_____	_____	_____	_____
Going Shopping	_____	_____	_____	_____
Going to Movies	_____	_____	_____	_____
Being read or told stories	_____	_____	_____	_____
Hugs - Who From _____	_____	_____	_____	_____
Tickling - Who From _____	_____	_____	_____	_____
Appropriate Touches	_____	_____	_____	_____
Appropriate Kisses	_____	_____	_____	_____
Praise By Whom: _____	_____	_____	_____	_____
Being around the family	_____	_____	_____	_____

How much does the child like: Loves it Likes it Doesn't like it Unable to do

Being around other children	_____	_____	_____	_____
Being alone	_____	_____	_____	_____
Being with 1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Gold stars, points, or stickers	_____	_____	_____	_____
Money	_____	_____	_____	_____
Letters/notes/ cards	_____	_____	_____	_____
Books (What Kind?) _____	_____	_____	_____	_____
Video Games (What Kind?) _____	_____	_____	_____	_____
Radio	_____	_____	_____	_____
Bicycle	_____	_____	_____	_____
Their own TV	_____	_____	_____	_____
Their own Bed	_____	_____	_____	_____
New Clothes	_____	_____	_____	_____
Playing on a Computer	_____	_____	_____	_____
Playing with Toys	_____	_____	_____	_____
Playing group games outside	_____	_____	_____	_____
Listening to Music	_____	_____	_____	_____
Playing an Instrument	_____	_____	_____	_____
Being with siblings	_____	_____	_____	_____
Being with parents	_____	_____	_____	_____

Now are listed things some children try to get away from because they sometimes bother them.

<i>Bothers the child:</i>	<i>Very Much</i>	<i>Some</i>	<i>Not at all</i>	<i>Not Applicable</i>
Bullies	_____	_____	_____	_____
Cleaning their room	_____	_____	_____	_____
House chores	_____	_____	_____	_____
Brushing one's teeth	_____	_____	_____	_____
Changing clothes	_____	_____	_____	_____
Being Tended	_____	_____	_____	_____
Going to bed early	_____	_____	_____	_____
Going on the school bus	_____	_____	_____	_____
Being scared	_____	_____	_____	_____
New places	_____	_____	_____	_____
Being alone	_____	_____	_____	_____
Making mistakes	_____	_____	_____	_____
The school playground	_____	_____	_____	_____
Seeing blood	_____	_____	_____	_____
High Places	_____	_____	_____	_____
Dark Places	_____	_____	_____	_____
Being told what to do	_____	_____	_____	_____
Loosing something	_____	_____	_____	_____
Bad shows on television	_____	_____	_____	_____
Being bored – nothing to do	_____	_____	_____	_____
Feeling lonely	_____	_____	_____	_____
Reading	_____	_____	_____	_____

<i>Bothers the child:</i>	<i>Very Much</i>	<i>Some</i>	<i>Not at all</i>	<i>Not Applicable</i>
Exercise	_____	_____	_____	_____
Other children	_____	_____	_____	_____
New Adults	_____	_____	_____	_____
Strange looking people	_____	_____	_____	_____
Quiet Time	_____	_____	_____	_____
Going to school	_____	_____	_____	_____
Shower or Bath	_____	_____	_____	_____
Family Arguments	_____	_____	_____	_____

What things bother or disturb the child the most?

What does the child like to do the most when they have free time?

What does the child like to do the most by themselves?

What does the child like to do the most with children his age?

What does the child like to do the most with the family?

What things does the child like to talk about most of the time?

List any talents or skills the child has that people respond warmly towards?

What did you learn about the child from filling out this form?

Thank you for your efforts in filling out this form. – The ABLE staff.