

“LIKES” INFORMATION



Child:	Date:
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FOODS taste/ texture	SMELLS	TOUCH texture/ hugs/ fabrics light - heavy	MOVEMENT rock/ bounce swing	VIBRATION car ride toys/ appliances	SIGHTS lights/colors	SOUNDS voices/ music pitch/ loudness environmental

MUSCLES push - pull bear weight	PEOPLE	PLACES	ACTIVITIES	TOYS	SELF STIMULATION BEHAVIORS	OTHER

“DISLIKES” INFORMATION



Child: _____ Date: _____

FOODS taste/ texture	SMELLS	TOUCH texture/ hugs/ fabrics light - heavy	MOVEMENT rock/ bounce swing	VIBRATION car ride toys/ appliances	SIGHTS lights/colors	SOUNDS voices/ music pitch/ loudness environmental

MUSCLES push - pull bear weight	PEOPLE	PLACES	ACTIVITIES	TOYS	SELF STIMULATION BEHAVIORS	OTHER

