Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(To be completed by someone who knows the individual well)*

|  |  |
| --- | --- |
| Social Verbal  (interactions/statements)  1.  2.  3. | Favourite Tangibles  (personal items)  1.  2.  3. |
| Favorite Tangibles  (something to obtain)  1.  2.  3. | Favorite Activities  (alone)  1.  2.  3. |
| Favorite Activities  (with others)  1.  2.  3. | Favorite Meals  (in house)  1.  2.  3. |
| Favorite Snacks and/or Drinks  (in house)  1.  2.  3. | Favorite Activities  (outside of home)  1.  2.  3. |
| Favorite Restaurants  1.  2.  3. | Preferred Physical Activities  1.  2.  3. |
| Preferred People/Friends to be With  1.  2.  3. |  |