



PEMBROKE PINES
10261 Pines Blvd
Pembroke Pines, FL 33026

MIAMI
2955 Coral Way
Miami, FL 33145

WESTON
1495 North Park Drive
Weston, FL 33326

BOCA RATON
5970 SW 18th Street
Boca Raton, FL 33433

CORAL SPRINGS
1750 N. University Drive
Coral Springs, FL 33071

WELLINGTON
Opening Soon

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