

EBD Student Interview: Reinforcement Survey
Elementary

Student's Name: _____ Case Manager: _____
Birth date: _____ Interviewer: _____
School: _____ Grade: _____
Date: _____

Please respond by circling YES or NO:

In school, I LIKE:

- | | | |
|-----|----|--|
| YES | NO | Going to the library |
| YES | NO | Getting good grades |
| YES | NO | When teachers tell me I did well |
| YES | NO | Making models/experiments |
| YES | NO | Listening to music |
| YES | NO | Doing puzzles |
| YES | NO | Playing with toys |
| YES | NO | Being first in line |
| YES | NO | Playing on the playground |
| YES | NO | Picking a friend to do a special activity with me |
| YES | NO | Getting pencils or pens as a reward |
| YES | NO | Getting free time to use the computer |
| YES | NO | Playing appropriate video games |
| YES | NO | Earning a special snack |
| YES | NO | Calls/reports home about good things I have done |
| YES | NO | Playing board games with others |
| YES | NO | Free time to play an instrument |
| YES | NO | Free time to write, read, draw, or color |
| YES | NO | Free time to watch videos/TV |
| YES | NO | Taking care of/playing with animals (class pets) |
| YES | NO | Fixing or building things |
| YES | NO | Helping with small jobs around the classroom |
| YES | NO | Teaching/helping students my own age |
| YES | NO | Teaching/helping students younger than me |
| YES | NO | Making posters for the classroom or hallway |
| YES | NO | Being able to choose my own group for group work |
| YES | NO | Being put into a group by the teacher for group work |
| YES | NO | Helping in the office |
| YES | NO | Helping with tasks around the school |
| YES | NO | When teachers display my good work in the classroom |

Other: Please list: _____

Outside of school, I LIKE:

- | | | |
|-----|----|---|
| YES | NO | Spending extra time alone with a parent |
| YES | NO | Having my parent read to me |
| YES | NO | Having my parent visit me at school |
| YES | NO | Going shopping |
| YES | NO | Cooking or doing a special project with one of my parents |
| YES | NO | Going to the movies |
| YES | NO | Playing a game with my parent |
| YES | NO | Getting to choose what we will have for dinner |
| YES | NO | Playing ball with my parent |
| YES | NO | Going to the park |
| YES | NO | Going out to eat |
| YES | NO | Going to a skate park |
| YES | NO | Going fishing |
| YES | NO | Going swimming |
| YES | NO | Going sliding, skiing, or snowboarding |

Other: Please list: _____

Some treats/foods I LIKE are:

What are your favorite games?