

# Student Preference Questionnaire

Use this questionnaire to learn more about your student's preferences.

Student Name:

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Age/Grade:

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What toys do they like?

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What shows/movies do they watch?

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What songs/books do they like?

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What foods do they like?

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What are their biggest motivators?

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Any sensory preferences?

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What are their favorite movement activities?

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This resource was created in partnership with Ruth Freidel, Speech-Language Pathologist.



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# Parent Questionnaire

Child's Name: \_\_\_\_\_

Parent/Guardian(s) Name(s): \_\_\_\_\_

What motivates your child?

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What are your child's favorite movement activities?

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When it comes to communication, what have you or others found to be helpful for your child?

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What are your biggest concerns?

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Any additional information?

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Thank you for filling out this questionnaire and returning it with your child!

Please contact me with any questions!

Name:

Email:

Phone: