**Student Profile**

**Name of Student: Grade: Date:**

**People Involved in the Assessment:**

1. **How much repetition in activities do you prefer?**

[ ]  Lots of repetition (likes doing the same tasks/activities over and over again)

[ ]  Moderate amount of repetition [ ]  Does not like repetitive tasks

[ ]  No preference [ ]  Don’t know

1. **How much competition do you prefer?**

[ ]  Enjoys competitive activities (sports, games, races) [ ]  Does not mind competitive activities

[ ]  Does not like competitive activities [ ]  No preference

[ ]  Don’t know

1. **How much structure and predictability do you prefer?**

[ ]  High structure and predictability [ ]  Moderate structure and predictability

[ ]  Low structure and predictability [ ]  No preference

[ ]  Don’t know

1. **How much novelty do you prefer?**

[ ]  Likes lots of new tasks/activities/settings [ ]  Likes occasional new tasks/activities/settings

[ ]  Doesn’t like new tasks/activities/settings [ ]  No preference

[ ]  Don’t know

1. **What grouping arrangement do you prefer to work in?**

[ ]  1-2 classmates [ ]  Small groups of 3 to 5

[ ]  Groups larger than 5 classmates [ ]  No preference

[ ]  Don’t know

1. **What level of adult support do you prefer?**

[ ]  Independent [ ]  Supervised somewhat

[ ]  Highly supervised [ ]  No preference

[ ]  Don’t know

1. **What is the age of people you prefer to interact with?**

[ ]  Same-age peers [ ]  Adults

[ ]  Younger peers [ ]  Older peers

[ ]  No preference [ ]  Don’t know

1. **What is the gender of people you prefer to interact with? (Check any that apply)**

[ ]  Same gender peers [ ]  Same gender adults

[ ]  Different gender peers [ ]  Different gender adults

[ ]  Mixed group of peers [ ]  Mixed group of adults

[ ]  No preference [ ]  Don’t know

1. **How do you prefer to interact with a group?**

[ ]  As the center of attention [ ]  As an equal part of the group

[ ]  No preference [ ]  Don’t know

[ ]  As an observer

1. **What kind of choice-making options do you prefer?**

[ ]  Many choices [ ]  A few choices [ ]  No preference [ ]  Don’t know

1. **When you make choices, how much assistance is needed?**

[ ]  Lots of assistance [ ]  Needs some help [ ]  No assistance

1. **How much physical activity do you prefer?**

[ ]  Dislikes being physically active [ ]  Likes to be moderately active

[ ]  Likes to be very physically active [ ]  No preference

[ ]  Don’t know

1. **What type(s) of activities do you prefer?**

[ ]  Activities with social interactions [ ]  Solitary activities

[ ]  Hands-on activities [ ]  Sensory-based activities

[ ]  No preference [ ]  Don’t know

1. **What type(s) of sensory activities or stimulation do you prefer?**

[ ]  Activities with lots to listen to [ ]  Activities with lots to look at

[ ]  Activities with lots of movement [ ]  Activities with lots of tactile input

[ ]  No preference

[ ]  Other (please explain):

1. **In noisy environments, I:**

[ ]  Do not do well [ ]  Don’t seem to mind

[ ]  No preference [ ]  Don’t know

[ ]  Do very well

1. **In bright or visually stimulating environments, I:**

[ ]  Do not do well [ ]  Don’t seem to mind

[ ]  No preference [ ]  Don’t know

[ ]  Do very well

1. **In socially stimulating situations (i.e. when lots of people are around) or crowded environments, I:**

[ ]  Do not do well [ ]  Don’t seem to mind

[ ]  No preference [ ]  Don’t know

[ ]  Do very well

1. **What type(s) of feedback do you seem to prefer when a task is done correctly?**

[ ]  Social feedback (praise, high fives) [ ]  Tangible feedback (food, note home, etc.)

[ ]  Visual feedback (tokens, stars, checks) [ ]  To be left alone

[ ]  No preference [ ]  Don’t know

1. **Some of my favourite things are (foods, toys, activities, movies/shows, books):**
2. **Things I like to do with my family:**
3. **Things I like to do with my friends:**
4. **What others like about me and what I like about myself:**
5. **Things I am good at or interested in:**
6. **When I am having a hard day/moment, it helps me feel better if:**