**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:**