

The Child Preference Indicators were developed by the Center for Interdisciplinary Learning and Leadership/UCE specifically to support our work with self-advocates, families, professionals and our academic and community colleagues. If you would like additional copies, please contact the Center for Learning and Leadership Headquarters Office in Oklahoma City. The information in this booklet is updated each year. Please contact the Center for Interdisciplinary Learning and Leadership dissemination (publications) coordinator if you would like additional copies. Our number is (405) 271-4500, Ext. 212 or 207.

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CHILD PREFERENCE INDICATORS

The purpose of this guide is to assist you in acquiring the family's expertise about their child.

The Child Preference Indicators are not a checklist, but are a guide to accessing information held by the family that is critical to developing an individualized plan. A plan that uses what the family knows about their son's or daughter's preferences is a personalized connection to the child *and* constructively involves the family.

Families often are expected to be mini-professionals and talk only about what the professionals assess. Using the Child Preference Indicator domain areas, in informal conversations with the family over a period of time, will assist everyone in getting to know the child better. The indicators are good conversation starters and offer a nice way to learn more about the child from the people who know him or her best.

When the Child Preference Indicator guide is used by any member of the interdisciplinary team in interactions with the family, it has the potential to unfold a picture of the child that goes beyond discipline-specific assessments.

Included are:

- Preference indicators that may identify the child's "**favorites**"
- Emotion indicators that focus on the child's "**feelings**"
- Socialization indicators to highlight the child's "**social world**" and relationships
- Self-determination indicators that focus on "**choices**" the child makes
- Physical indicators that center on the child's "**body clock**"

Preference Indicators
F•A•V•O•R•I•T•E•S

What are your child's favorites? Do you know why? How can you tell? Any other things?

- | | | | |
|----------------|----------------|--------------|----------------------------|
| ▪outside | ▪foods | ▪games | ▪toys |
| ▪inside | ▪music | ▪smells | ▪touch-smooth, rough, etc. |
| ▪friend | ▪words | ▪sounds | ▪clothes |
| ▪structure | ▪being alone | ▪crowds | ▪being read to |
| ▪non-structure | ▪being sung to | ▪activities | ▪place to go |
| ▪daytime | ▪movement | ▪TV show | ▪animals |
| ▪nighttime | ▪color | ▪time of day | |

Who are your child's favorite people? Do you know why? How can you tell?

What are your favorite things about your child?

Emotion Indicators
F•E•E•L•I•N•G•S

What makes your child happy? How do you know?

- | | | | |
|------------------|------------------------|------------------------------|-------------------------------|
| ▪being outdoors | ▪being indoors | ▪certain tastes (eating) | ▪toys (which ones?) |
| ▪games | ▪socializing (talking) | ▪playing (alone or w/others) | ▪other |
| ▪a special place | ▪music or sounds | ▪rules | ▪tactile (touch, rough, soft) |

What motivates your child? How can you tell?

- | | | | | |
|---------------------|-----------|----------------------|--------|---------|
| ▪free time | ▪playtime | ▪toys | ▪money | ▪sounds |
| ▪animals | ▪food | ▪colors | ▪music | ▪other |
| ▪kind of privileges | ▪TV | ▪a particular person | | |

Emotion Indicators
F•E•E•L•I•N•G•S
continued

What calms your child? Do you know why? How can you tell? Anything else?

- | | | | |
|---------------|------------------|-----------|------------------------------|
| ▪holding | ▪being sung to | ▪music | ▪animals (which ones?) |
| ▪rocking | ▪colors | ▪lights | ▪playing (alone or w/others) |
| ▪smells/odors | ▪being talked to | ▪laughter | ▪other? |

What does your child dislike? How can you tell?

- | | | | |
|-----------------|--------------|---------|-------------------------------|
| ▪noise | ▪rushing | ▪eating | ▪tactile (touch, rough, soft) |
| ▪foods | ▪smells | ▪rules | ▪other |
| ▪certain tastes | ▪being alone | ▪crowds | |

What does your child use as a coping mechanism? How do you know?

- | | | | |
|---|--|-----------------|--------------------------------------|
| ▪safe person | ▪safe place | ▪ becomes hyper | ▪oral stimulation
(hand to mouth) |
| ▪body movement
(rocks or twirls) | ▪familiar object
(cuddles toy or blanket) | | ▪withdrawal
(lack of eye contact) |
| ▪withdrawal
(removes from activity, goes to sleep) | | | |

What does your child fear? How can you tell?

- | | | | |
|-------------------|---------|-----------------|--------------------|
| ▪sounds | ▪crowds | ▪movement | ▪falling |
| ▪slipping/falling | ▪adults | ▪other children | ▪darkness |
| ▪animals | ▪water | ▪colors | ▪lights/brightness |

Socialization Indicators
S●O●C●I●A●L

- 1) *How does your child communicate on his/her own?*
- 2) *Does your child have a nickname? If so, what is it?*
- 3) *How accurately does your child relate information to you and to others?*
- 4) *Does your child have a sense of humor?*
- 5) *How does your child show affection?*
- 6) *Does your child prefer to play alone or with someone? Who?*
- 7) *How would you describe your child's relationship with his/her siblings?*
- 8) *How would you describe your child's relationship with his/her peers?*
- 9) *Does your child ask to play or visit someone - relative, friend, etc.?*
- 10) *Does your child have a concept about being afraid of strangers?*
- 11) *Does your child respond to facial expressions? Which ones? How?*
- 12) *Does your child use facial expressions to communicate? Which ones? What do they mean?*

Self Determination Indicators
C●H●O●I●C●E●S

Does your child make choices?

•food

mealtime
restaurant

•bedtime

bedroom decor
night light
time to arise

• medication

pill
melt
liquid
patch

•dressing

clothing preference

•music

soft
loud

•direct care staff

•equipment

•friends

•therapies

•activities

chores
exercise
private time
free time
hobbies

•bathing

toys
perfumes
bubbles/soaps

•refer to other preference

•sports

television
sporting events
participation

•repetitiveness

same thing over and over

•travel/vacation

•other

Physical Indicators
B•O•D•Y C•L•O•C•K

What is your child's best functioning time? How can you tell?

- morning ▪mid-morning ▪afternoon ▪evening

Preference for rising: ▪early ▪late

Preference for eating: ▪indifferent ▪shows hunger

Preference for working: ▪morning ▪mid-morning ▪evening

Preference for going to bed: ▪afternoon ▪evening ▪nighttime

When does your child tire? ▪mid-morning ▪afternoon ▪evening

If your child takes regular medication(s), what time of day does he/she take them and what are the effects?

Do you plan activities to coincide with his/her body clock? Explain.

Health Indicators
H•E•A•L•T•H

What information about your child's health do you want to share?

- frequently ill? ▪well most of the time? ▪affected by allergies? ▪susceptible to infections?

- | | | |
|--------------|-----------------------------------|---|
| Headache: | <input type="checkbox"/> frequent | <input type="checkbox"/> infrequent/never |
| Stomachache: | <input type="checkbox"/> frequent | <input type="checkbox"/> infrequent/never |
| Earache: | <input type="checkbox"/> frequent | <input type="checkbox"/> infrequent/never |
| Seizure: | <input type="checkbox"/> frequent | <input type="checkbox"/> infrequent/never |
| Fever: | <input type="checkbox"/> frequent | <input type="checkbox"/> infrequent/never |

1) *How do you know when your child feels bad? Good?*

2) *How does your child feel about going to the doctor?*

Family Role Indicators
R•O•L•E I•N•D•I•C•A•T•O•R•S

How is your child involved with your family? ▪responsibilities ▪ hierarchy, etc.

Who are the caregivers in the family? Who is relief to the primary caregivers?

How do you include your child in family responsibility? How often? Why or why not?

What kind of discipline is used by your family? Time out, redirection, other? (If none, why not?)

What are your greatest concerns for your child? Yourself? Your family?

▪educational ▪financial ▪medical ▪childcare ▪ other

How do you see the future for your child? Your family? Next year? 5 Years? 10 Years?

NOTES:

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