

STUDENT REINFORCER SURVEY¹

Student Name: _____ **Date:** _____

Person Facilitating the Interview: _____ **Date of Interview:** _____

Section 1 **Reinforcement Survey**

Part 1 Sentence Completion

Directions: Complete the following statements

1. My favorite adult at school is:

The things I like to do with this adult are:

2. My best friend at school is:

Some things I like to do with my best friend at school are:

3. Some other friends I have at school are:

Some things I like to do with them are:

4. When I do well in school, a person I'd like to know about it is:

5. When I do well in school, I wish my teacher would:

6. At school, I'd like to spend more time with :

Some things I'd like to do with this person are:

7. One thing I'd really like to do more in school is:

¹ Many thanks to https://www.mansfieldschools.org/Downloads/Student_Reinforcer_Survey_IAT.pdf

8. When I have free time at school I like to :

9. I feel great in school when:

10. The person who likes me best at school is:

I think this person likes me because:

11. I will do almost anything to keep from:

12. The kind of punishment at school that I hate most is:

13. I sure get mad at school when I can't:

14. The thing that upsets my teacher the most is:

15. The thing that upsets me the most is:

16. The words that describe me most are:

Section 2

Rate how much you like the following subjects:

Reading	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Math	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Spelling	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Handwriting	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Science	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Social Studies	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
English/Language	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Music	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Physical Education	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Art	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much
Other	<input type="checkbox"/> Not at all	<input type="checkbox"/> Some	<input type="checkbox"/> Very Much

Section 3

In general, is your work too hard for you?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
In general, is your work too easy for you?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
When you ask for help appropriately, do you get it?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think work periods for each subject are too long?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think work periods for each subject are too short?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think you get the points or reward you deserve when you do good work?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Do you think you would do better in school if you received more rewards?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
In general, do you find your work interesting?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
Are there things in the classroom that distract you?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never

Is your work challenging enough for you?	<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never
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Section 4

Answer for each target behavior

Target Behavior:

When do you think you have the fewest problems with this behavior?

When do you think you have the most problems with this behavior?

Why do you have problems during these times?

What changes could be made so that you have fewer problems with this behavior?

Section 1 - Part II Reinforcers

(check all that apply, then circle the top choice in each section)

Favorite Edible Reinforcers

Fruit (specify)

- Drinks (specify)
- Cereal (specify)
- Healthy Snacks (specify)
- Nuts (specify)
- Vegetables (specify)
- Other (specify)

Academic Reinforcers

- Going to library
- Having good work displayed
- Getting good grades
- Having parents praise good school work
- Giving reports
- Making projects
- Completing creative writing projects
- Earning teacher praise
- Helping grade papers
- Getting a good note home
- Earning stickers, points, etc.
- Other (specify) _____

Activity Reinforcers

- Coloring/drawing/painting
- Making things
- Going on field trips
- Taking care of/playing with animals
- Going shopping
- Eating out in restaurant
- Going to movies
- Spending time alone
- Reading
- Having free time in class
- Having extra gym/recess time
- Working on the computer
- Other (specify) _____

Favorite Tangible Items

- Stuffed animals

- Pencils, markers, crayons
- Paper
- Trucks, tractors
- Sports equipment
- Toys
- Books
- Puzzles

Social Reinforcers

- Teaching things to other people
- Being the teacher's helper
- Spending time with my friends
 - Spending time with the teacher
- Spending time with the principal
- Spending time with _____
- Having class parties
- Working with my friends in class
- Helping keep the room clean
- Being a tutor
- Being a leader in class
- Other (specify) _____

Recreation/Leisure Reinforcers

- Listening to music
- Singing
- Playing a musical instrument
- Watching TV
- Cooking
- Building models
- Woodworking/carpentry
- Sports (specify) _____

- Working with crafts
- Other (specify) _____

What hobbies do you have outside of school?
