

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Reinforcement Survey

1. If I had 10 minutes free time I would most like to

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2. My favorite food/drink

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3. My favorite TV show

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4. My favorite adult is

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5. My favorite person is

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6. I feel great when

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7. Something I really want is

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8. The best thing that my parents can do for me is

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9. What are your favorite hobbies or activities?

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10. The weekend activity or entertainment I enjoy most is

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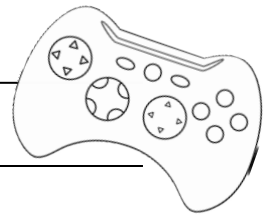
11. I wish my teacher would not

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12. A goal I would like to set for myself is \_\_\_\_\_



13. My favorite video game (if you play) \_\_\_\_\_

14. My favorite YouTube channel (if you watch) \_\_\_\_\_

15. My favorite app \_\_\_\_\_