Therapeutic Services, LLC
Speech & Language Therapy

CLIENT LIKES AND DISLIKES

Today's Date: _____ Child's Name: _____

Sibling: _____ Age: _____ Sibling: _____ Age: _____

Sibling: _____ Age: _____ Pets: _____

LIKES AND INTERESTS

Please check any of the items that may be of interest:

☐ Movies	☐ Television	☐ Books	☐ Arts & crafts
☐ Gameboy	☐ Wii/playstation	☐ Action figures	☐ Dolls
☐ Puzzles	☐ Cars/trains/trucks	☐ Legos	☐ Computer games
☐ Internet	☐ Going to Theatre	☐ Dancing	☐ Music
☐ Cooking	☐ Magic	☐ Pirates	☐ Science
☐ Machines	☐ Space/Planets	☐ Animals	☐ Restaurants
☐ Sports	☐ Card games	☐ Board games	☐ Pressure/Squeezes

Please list any other specific interests:

Movies: _____

TV Shows: _____

Characters: _____

Games: _____

Other games: _____

Toys: _____

Special interests: _____

_____

_____

DISLIKES AND AVERSIONS

Please check any of the items that may be aversions:

☐ Movies	☐ Television	☐ Books	☐ Fluorescent light
☐ Dancing	☐ Music	☐ Machines	☐ Animals
☐ Clocks ticking	☐ Crying	☐ Dogs Barking	☐ Sticky textures
☐ Slimy textures	☐ Cold temperatures	☐ Hot temperatures	☐ Movements of others
☐ Thunder	☐ Travel	☐ High pitch voices	☐ Low pitch voices

Please list any other specific dislikes:

Loud noises: _____

Clothing: _____

Foods: _____

Textures: _____

Smells: _____

Characters in others: _____

_____

Specific Aversions: _____

_____

_____

_____

Other important information: _____

_____

_____

_____

_____