Child Preference Indicators

Preferences
Choices
Self-determination

A Guide for Planning

Center for Learning and Leadership . University Center for Excellence in Developmental Disabilities Education, Research and Service . University of Oklahoma Health Sciences Center

The *Child Preference Indicators* guide was developed by the Center for Learning and Leadership, Oklahoma's University Center for Excellence in Developmental Disabilities, specifically to support our work with self-advocates, families, professionals, and academic and community colleagues. The Center for Learning and Leadership is located at the University of Oklahoma Health Sciences Center, College of Medicine, P.O. Box 26901, ROB 342, Oklahoma City, OK 73190-9968. If you would like additional copies, please contact the Center for Learning and Leadership headquarters in Oklahoma City at (405) 271-4500 and press "0" to have your call directed. This publication is available in alternative formats for accommodations on the basis of disability.

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Center for Learning and Leadership
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The purpose of this guide is to assist professionals in acquiring a family's expertise about their child and to assist families in giving that expertise to professionals.

The *Child Preference Indicators* guide is not a checklist. It is a tool to guide professionals and families in accessing information held by the family that is critical to developing an individualized plan for the child. A plan that uses what the family knows about their child's preferences is a personalized connection to the child *and* constructively involves the family.

The *Child Preference Indicators* guide is organized around seven domain areas. The domain areas are good conversation starters and offer a nice way to learn more about the child from the people who know him or her best. We recommend talking about the domain areas in informal conversations with the family over a period of time. These conversations will assist everyone in getting to know the child better. The *Child Preference Indicators* guide also is an excellent tool for matching interests in peer activities and in selecting service providers. When the *Child Preference Indicators* guide is used by any member of the planning team in interactions with the family, it has the potential to unfold a picture of the child that goes beyond discipline-specific assessments.

Child Preference Indicators Domain Areas:

- ❑ Individual 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**"
- ❑ Health Indicators that reveal the child's **"health issues"**
- ❑ Role Indicators that identify the "**family member roles"**

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FAVORITES
Individual Indicators

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

- foods
- games
- color
- music/sounds
- clothes
- smells
- words
- toys
- being alone/ with others
- animals

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

What are your favorite things about your child?

FEELINGS
Emotion Indicators

What makes your child happy? How do you know?

- being outdoors
- being indoors
- certain tastes (eating)
- tactile (tough, rough, soft)
- games
- being with other children
- toys (which ones?)
- a special place
- music or sounds
- rules/boundaries
- being read to
- being sung to
- structured activities or free time

What motivates your child? How can you tell?

- free time
- playtime/with others
- toys
- money
- sounds
- animals
- food
- knows when successful
- music
- privileges
- TV/other
- a particular person

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

- being held
- being active
- music
- rocking
- being talked to
- laughter
- familiar object/blanket

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FEELINGS
Emotion Indicators (continued)

What does your child dislike? How can you tell?

- noise
- rushing/hurrying
- tactile (touch, rough, soft)
- foods
- smells
- being alone/with others
- rules/boundaries

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

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

What does your child fear? How can you tell?

- sounds
- crowds
- movement
- darkness
- getting in trouble
- adults
- other children
- lights/brightness
- animals
- water
- falling
- behaviors that cause removal/redirection

SOCIAL
Socialization Indicators

How does your child communicate on his/her own?
Does your child have a nickname? If so, what is it?
How accurately does your child relate information to you and to others?
Does your child have a sense of humor?
How does your child show affection?
Does your child prefer to be alone or do activities alone or with someone? Who?
How would you describe your child's relationship with his/her siblings?
How would you describe your child's relationship with his/her peers?
Does your child ask to play or visit someone—relative, friend, etc.?
Does your child have a concept about being afraid of strangers?
Does your child respond to facial expressions? Which ones? How?
Does your child use facial expressions to communicate? Which ones? What do they mean?

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CHOICES
Self-Determination Indicators

Does your child make choices?

- **food**
  mealtime
  restaurant
- **dressing**
  clothing/texture
- **activities**
  chores
  exercise
  private time
  free time
  hobbies
- **sports**
  television
  sporting events
- **bedtime**
  bedroom decor
  night light
  time to arise
- **music**
  soft
  loud
- **travel/vacation**
- **therapies**
- **equipment**
- **friends**
- **medication**
  pill
  melt
  liquid
  patch
- **bathing**
  toys
  perfumes
  bubbles/soaps
- **direct-care staff**
- **repetitiveness**

BODY CLOCK
Physical Indicators

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 medications, 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.

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HEALTH
Health Indicators

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

Headaches:	❑ frequent	❑ infrequent	❑ never
Stomachaches:	❑ frequent	❑ infrequent	❑ never
Earaches:	❑ frequent	❑ infrequent	❑ never
Seizures:	❑ frequent	❑ infrequent	❑ never
Fevers:	❑ frequent	❑ infrequent	❑ never

How do you know when your child feels bad? Good?

How does your child feel about going to the doctor?

FAMILY MEMBER ROLES
Role Indicators

How is your child involved with your family?

- some
- little
- not at all
- 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? Five years? Ten years?

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