

Preferences

Choices

Self-determination



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.

Acknowledgement: This guide was originally produced by Jan Moss for Training Oklahoma Providers of Service (TOPS), a U.S. Department of Education-funded project No.H029G60186. The guide may be reproduced for educational purposes only.

If you use material in this booklet, a suggested citation follows:

Moss, Jan. 1997, 2006. "Child Preference Indicators." Center for Learning and Leadership/UCEDD, College of Medicine, University of Oklahoma Health Sciences Center, Publication No. CA298.jm. Revised 2002, 2006vnw.

The Center for Learning and Leadership/UCEDD is a collaborative initiative of the University of Oklahoma Health Sciences Center with support from the U.S. Administration on Developmental Disabilities grant number 90DD0543.

The Center for Learning and Leadership/UCEDD is in Academic Partnership with:

East Central University - Ada, Okla. University of Oklahoma Health Sciences Center, Graduate and Professional Schools - Oklahoma City, Okla. The University of Tulsa - Tulsa, Okla.

This publication, printed by the Center for Learning and Leadership, is issued by the University of Oklahoma. Two thousand copies have been prepared and distributed at no cost to the taxpayers of the State of Oklahoma. Director, V.N. Williams, Ph.D. The University of Oklahoma is an equal opportunity institution.







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"

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

FEELINGS

Emotion Indicators (continued)

What does your child dislike? How can you tell?

- noiserushing/hurrying
- tactile foods (touch, rough, soft)

- 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?

CHOICES

Self-Determination Indicators

Does your child make choices?

time to arise

•	food	•	dressing	•	activities	•	sports
	mealtime		clothing/texture		chores		television
	restaurant				exercise		sporting events
					private time		

•	bedtime	•	music	free time
	bedroom decor		soft	hobbies
	night light		loud	

•	travel/vacation	•	therapies	•	equipment	friends
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•	medication •	bathing	•	direct-care staff
	pill	toys		
	melt	perfumes	•	repetitiveness
	liquid	bubbles/soaps		
	patch			

BODY CLOCK

Physical Indicators

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

• morning	•	mid-morning	•	arternoon	•	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 			•	affected by allergi	es	
• well most of the ti	me		•	susceptible to infe	ctic	ons
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 y How does your child feel	abo	out going to the do	ctor	?		
	ŀ	FAMILY MEN Role In				
Han is normabild in about	d w	ith your family?		some • littl		• not at all
How is your child involve	eu w	un your jamuy:		some • littl	e	• not at all
How is your chua invoive	eu w			responsibilities	e	hierarchy, etc.
Who are the caregivers in		,	• 1	responsibilities		• hierarchy, etc.
·	n the	e family? Who is r	• 1 eliej	responsibilities f to the primary ca	reg	• hierarchy, etc.
Who are the caregivers in	n the	e family? Who is r	• 1 eliej nsib	responsibilities f to the primary can ility? How often?	regi Wh <u>:</u>	• hierarchy, etc. ivers? y or why not?
Who are the caregivers in How do you include your What kind of discipline is	the chi	e family? Who is rild in family respon	• 1 eliej nsib	responsibilities f to the primary can ility? How often? ne out, redirection	reg	• hierarchy, etc. ivers? y or why not? her? (If none, why

How do you see the future for your child? Your family? Next year? Five years? Ten years?

NOTES:

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