

Multiple Stimuli without Replacement (MSWO) Data Sheet

Child's Name: _____

Leisure/Food (Circle one)

Evaluator: _____

Date: _____

List of Items:

Preference Assessment #1	
Order of items selected	# times chosen/ # of times available
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Preference Assessment #2	
Order of items selected	# times chosen/ # of times available
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Preference Assessment #3	
Order of items selected	# times chosen/ # of times available
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Preference Assessment #4	
Order of items selected	# times chosen/ # of times available
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Preference Assessment #5	
Order of items selected	# times chosen/ # of times available
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Summary (high to low)	
Item	Total % Selected
1.	
2.	
3.	
4.	
5.	
6.	
7.	

