Personal Preference Indicators
A Guide for Planning

Preferences Choices Self-determination

Center for Learning and Leadership . University Center for Excellence in Developmental Disabilities Education, Research and Service . University of Oklahoma Health Sciences Center
The *Personal Preference Indicators* guide was developed by the Center for Learning and Leadership, Oklahoma’s University Center for Excellence in Developmental Disabilities (UCEDD), 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 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 number H029G60186. The guide may be reproduced for educational purposes only.

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


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 you in planning with and for a person with a developmental disability.

The Personal Preference Indicators is not a checklist; it is a guide to accessing information about an individual’s preferences. The items listed are intended to be used as cues or prompts to remind you about important subjects to bring up in your informal talks with the individual. These informal conversations can give you an understanding of preferences from which to begin planning.

Change is often frightening for persons with developmental disabilities, and most of us resist doing things that frighten us. A plan that uses what the person knows about his or her likes and dislikes is a more personalized approach to making any changes or choices and constructively involves the individual in decisions about his or her life. Utilizing the preference indicators can be an essential accommodation for understanding a person’s preferences and developing an individualized plan.

Using the following domain areas as a guide, informal conversations with the person, or with someone who knows and has a positive relationship with the person, over a period of time will assist everyone in getting to know each other better. If used by any member of the interdisciplinary team in their interaction with the person, these indicators have the potential to unfold a picture of the person that will show where to begin planning in a considerate, appropriate and positive manner.

Personal Preference Indicators Domain Areas:

- Individual Indicators identify the person’s “favorites”
- Emotion Indicators focus on the person’s “feelings”
- Socialization Indicators highlight the person’s “social world” and relationships
- Self-Determination Indicators focus on “choices” the person makes
- Physical Indicators center on the person’s “body clock”
- Health Indicators focus on the person’s “health issues”
- Role Indicators identify the “family member roles”
FAVORITES
Individual Indicators

What are the person’s favorites? Do you know why? How can you tell? Any other things?

- foods
- games
- music/sounds
- smells
- friends
- topics/objects
- activities/place to go
- being alone/with others
- TV show
- animals
- color
- clothes

Who are the person’s favorite people? Do you know why? How can you tell?

What are the person’s favorite things about himself or herself?

FEELINGS
Emotion Indicators

What calms the person? Do you know why? How can you tell?

- holding/being held
- music
- animals
- rocking
- lights
- activities (alone/with others)
- smells/odors
- laughter
- being talked to

What makes the person happy? How do you know?

- outdoors
- food
- games
- being active
- going someplace
- being with friends/family
- music or sounds

What motivates the person? How can you tell?

- free time
- games
- feeling successful
- music
- animals
- food
- money
- other
- privileges
- TV/movies
- a particular person
FEELINGS
Emotion Indicators (continued)

What does the person dislike? How can you tell?
- noise
- foods
- certain tastes
- sounds
- slipping/falling
- animals
- safe person

- rushing/hurrying
- smells
- being alone
- crowds
- movement
- adults
- water
- body movement (rocks or twirls)
- familiar object or blanket

- tactile (touch, rough, soft)
- rules
- social situations
- darkness
- children/youth
- lights/brightness
- making mistakes/being embarrassed

What does the person fear? How can you tell?
- eating
- darkness
- being alone
- other

- being alone

What does the person use as a coping mechanism? How do you know?
- becomes overly active
- oral stimulation (hand to mouth)
- other

- oral stimulation (hand to mouth)

- laughs

- other

SOCIAL
Socialization Indicators

How does the person communicate on his/her own?

Does the person have a nickname? If so, what is it?

How accurately does the person relate information to you and to others?

Does the person have a sense of humor?

How does the person show affection?

Does the person require excessive feedback and/or direction?

How would you describe the person’s relationship with his/her peers?

Does the person request to be with or visit someone—relative, friend, etc.?

Does the person have a concept about being cautious with strangers?

Does the person respond to facial expressions? Which ones? How?

Does the person use facial expressions to communicate? Which ones? What do they mean?
Does the person make choices? If not, why?

- **food**
  - mealtime
  - restaurant

- **clothing**
  - colors
  - styles
  - seasons/weather

- **activities**
  - chores
  - exercise
  - private time
  - free time
  - hobbies

- **sports**
  - television
  - sporting events
  - participation

- **bedtime**
  - bedroom decor
  - night light
  - time to arise

- **bathing or showering**
  - soap/deodorant

- **hygiene**
  - cologne/perfume
  - toothpaste/mouthwash

- **direct care staff**
  - medication
  - therapies

- **mealtime**
  - colors
  - styles
  - seasons/weather

- **clothing**
  - mealtime
  - colors
  - styles
  - seasons/weather

- **activities**
  - chores
  - exercise
  - private time
  - free time
  - hobbies

- **sports**
  - television
  - sporting events
  - participation

- **mealtime**
  - colors
  - styles
  - seasons/weather

- **clothing**
  - mealtime
  - colors
  - styles
  - seasons/weather

- **activities**
  - chores
  - exercise
  - private time
  - free time
  - hobbies

- **sports**
  - television
  - sporting events
  - participation

- **mealtime**
  - colors
  - styles
  - seasons/weather

- **clothing**
  - mealtime
  - colors
  - styles
  - seasons/weather

- **activities**
  - chores
  - exercise
  - private time
  - free time
  - hobbies

- **sports**
  - television
  - sporting events
  - participation

What is the person’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 the person tire?*
  - mid-morning
  - afternoon
  - evening

If the person takes regular medication(s), what time of day does he/she take them and what are the effects?

Do they plan activities to coincide with his/her body clock? Explain.
What information about the person’s health do you have available?

- frequently ill
- well most of the time
- affected by allergies
- susceptible to infections

<table>
<thead>
<tr>
<th>Health Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
</tr>
<tr>
<td>Stomachaches</td>
</tr>
<tr>
<td>Earaches</td>
</tr>
<tr>
<td>Seizures</td>
</tr>
<tr>
<td>Fevers</td>
</tr>
</tbody>
</table>

- frequent
- infrequent
- never

How do you know when the person feels bad? Good?

How does the person feel about going to the doctor?

FAMILY MEMBER ROLES

How is the person involved with family?

- some
- little
- not at all
- responsibilities
- hierarchy, etc.

Who are the caregivers for the person? Who is relief to the primary caregivers?

How is the person included in choice-making? How often? Why or why not?

What kind of behavioral consequences are used by your family? Time out, redirection, take away privileges, other…? (If none, why not?)

What are your family’s greatest concerns or worries for the person? Why?

- educational
- financial
- medical
- employment
- housing
- other

How does the person conceptualize the future? Next year? 5 years? 10 years?
NOTES:

References: