



Shelby's Behavior Solutions Inc.
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Likes

- 1. Favorite food _____.
- 2. Favorite drink _____.
- 3. Favorite object/toy _____.
- 4. Favorite game _____.
- 5. Favorite show _____.
- 6. Favorite music _____.
- 7. Favorite place _____.
- 8. Hobbies _____.
- 9. Do you collect anything _____.
- 10. Who is your favorite person _____.

Additional information

Consumer/ parent signature: _____

Completed by : _____