

SELF-DETERMINATION CHECKLIST: Annual Review

Student Name: _____ Date: _____

Name of person completing the checklist: _____

Relationship to the student: _____

Directions: Use the scale below to answer the following questions. There are no wrong answers.

- 5 = Always
- 4 = Most of the time
- 3 = Sometimes
- 2 = Rarely
- 1 = Never
- 0 = not observed

THIS CHART SHOULD BE INDIVIDUALIZED TO REFLECT MAXIMUM PARTICIPATION

The student:	1 st YR	2 nd YR	3 rd YR	4 th YR
1. tells teachers, staff, and family what he/she likes to do.				
2. makes choices regarding supports, accommodations, and activities.				
3. can describe his/her disability.				
4. can identify supports and accommodations that work best for him/her in a given situation.				
5. asks for help when he/she needs to.				
6. can describe the way that supports and services help him/her.				
7. can tell paid and unpaid supports how he/she wants the requested help to be provided.				
8. leads/takes principal role participates in IEP and transition planning meetings.				
9. chooses whom he/she would like to attend the planning meeting.				

10. articulates his/her strengths.				
11. can describe his/her rights under IDEA.				
12. can describe his/her rights under ADA.				
13. can make meaningful decisions related to academic and leisure activities.				
14. has a circle of support, including family and friends, who help him/her accomplish the things the student wants.				
15. can work with his/her IEP manager about developing his/her IEP.				
16. has expressed interest in developing options for life when school is finished.				
17. chooses integrated leisure and recreational activities.				
18. can describe the range of housing options available and express a preference.				
19. can describe medical needs, if any.				
20. can monitor/assess educational program and outcomes				
<u>TOTAL SCORE</u>				