

SELF-DETERMINATION CHECKLIST

Student Self-Assessment

Student Name: _____ **Date:** _____

Directions: Use the scale below to answer the following questions. There are no wrong answers. In the column titled “Level of Assistance” circle the choice that best describes how you accomplish each item.

- 5 = Always
- 4 = Most of the time
- 3 = Sometimes
- 2 = Rarely
- 1 = Never

	Score	Level of Assistance (circle one)
1. Do you tell teachers, staff, and family what you like to do?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
2. Do you make choices regarding supports, accommodations, and activities you want or need?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
3. Can you describe your disability?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
4. Do you ask for help when you need it?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff

5. Do you tell paid and unpaid supports how you want them to help you		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
6. Can you describe your strengths?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
7. Can you describe your rights under IDEA and ADA?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
8. Do you have a circle of support, including family and friends, who help you accomplish the things you want?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
9. Do you work with your IEP manager about developing and managing your IEP?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
10. Can you keep track of how you're working toward the IEP goals?		<ul style="list-style-type: none"> ▶ Independent ▶ Help from family/friends ▶ help from staff
TOTAL SCORE		

What are you doing better now than you were doing the last time you assessed your self-determination skills? _____

What do you feel like you still need to practice? _____

How can the people around you (friends, teachers, staff, family) help you to build your self-determination skills? _____
