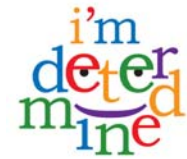


Self-Determination Checklist

Parent Assessment



Student Name: _____

Date: _____

Self-Determination skills help you to know

- yourself*
- your goals*
- supports you need to reach your goals*

Use the following scale to rate the statements below:

3 = almost always/most of the time

1 = rarely or never

2 = sometimes

0 = not observed

Rating				
3	2	1	0	My child sets goals to get what he/she wants or needs.
3	2	1	0	My child makes plans for reaching his/her goals.
3	2	1	0	My child checks his/her progress when working toward his/her goals.
3	2	1	0	My child attends his/her IEP Meetings.
3	2	1	0	My child participates in his/her IEP Meetings.
3	2	1	0	My child knows the goals listed in his/her IEP.
3	2	1	0	At school, educators listen to my child when he/she talks about what he/she wants or needs.
3	2	1	0	At home, I listen when my child talks about what he/she wants or needs.
3	2	1	0	My child has others in his/her life who help him/her to accomplish goals.
3	2	1	0	My child asks for help when he/she needs it.
3	2	1	0	My child knows what he/she needs, what he/she likes and what he/she enjoys doing.
3	2	1	0	My child tells others what he/she needs, what he/she likes and what he/she enjoys doing.
3	2	1	0	My child helps to make choices about the supports (educational services) and accommodations that he/she needs in school.
3	2	1	0	My child can describe his/her learning difficulties to others.
3	2	1	0	My child believes he/she has control to direct his/her life.
3	2	1	0	My child takes care of his/her personal needs (clothes, chores, meals, grooming).
3	2	1	0	My child makes friends with others his/her age.
3	2	1	0	My child can make good choices.
3	2	1	0	My child believes that working hard in school will help him/her to get a good job.

