

# Self-Determination Checklist Elementary Educator 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**
- 2 = sometimes**
- 1 = rarely or never**
- 0 = not observed**

| Rating |   |   |   |  |
|--------|---|---|---|--|
| 3      | 2 | 1 | 0 | My student attends his/her IEP Meetings.   |
| 3      | 2 | 1 | 0 | At school, teachers listen to my student when he/she talks about what he/she wants or needs. |
| 3      | 2 | 1 | 0 | At home, my student's parents listen when he/she talks about his/her wants and needs.        |
| 3      | 2 | 1 | 0 | My student asks for help when he/she needs it.   |
| 3      | 2 | 1 | 0 | My student knows what he/she needs and likes and enjoys doing.                               |
| 3      | 2 | 1 | 0 | My student tells others what he/she needs, likes and enjoys doing.                           |
| 3      | 2 | 1 | 0 | My student takes care of his/her things (pets, clothes, toys).                               |
| 3      | 2 | 1 | 0 | My student makes friends with others his/her age.  |
| 3      | 2 | 1 | 0 | My student makes good choices.   |
| 3      | 2 | 1 | 0 | My student believes that working hard at school will help him/her to get good grades.        |

- 1. How can people around your student (teachers, family, friends, etc.) help him/her to know himself/herself, know what he/she wants and know what kind of help he/she needs to reach goals?**