**Self-Determination & Self-Advocacy Checklist**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| **Student:**  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Date:****Task(s) performed/skill utilization**: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **BEHAVIORS OBSERVED:** |  |  |  |  |  |  |  |  |
| *Please rate by placing a "****1****" in the appropriate column* |  | **Yes** | **No** | **N/A** |  |  |
| Attends to others |  |  |  |  |  |  |  |  |
| Communicates needs to others |  |  |  |  |  |  |  |
| Explains desires to others |  |  |  |  |  |  |  |  |
| Describes disability candidly |  |  |  |  |  |  |  |
| Chooses from 2 options |  |  |  |  |  |  |  |  |
| Chooses from array of options |  |  |  |  |  |  |  |
| Recognizes when a decision is needed |  |  |  |  |  |  |  |
| Can describe alternatives  |  |  |  |  |  |  |  |  |
| Sets goals |  |  |  |  |  |  |  |  |
| Recognizes he/she is different from others |  |  |  |  |  |  |  |
| Develops action plan to achieve goals |  |  |  |  |  |  |  |
| Works consistently on action plan |  |  |  |  |  |  |  |
| Evaluates decisions & acts accordingly |  |  |  |  |  |  |  |
| Solicits help, only when needed |  |  |  |  |  |  |  |
| Problem solves challenges |  |  |  |  |  |  |  |  |
| Accepts consequences of decisions |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |