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

|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| **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** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |