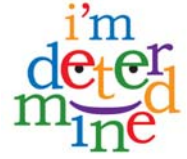


# Self-Determination Checklist Elementary Parent Assessment



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

**1. How can people around you (teachers, family, friends, etc.) help you to know yourself, know what you want and know what kind of help you need to reach your goals?**