

Self-Advocacy Checklist: Student Self-Assessment

Student Name: _____

Birthdate: _____ Grade _____

Directions: Use the scale below to answer the following questions. There are no wrong answers. In the row called "Level of Assistance", circle the choice that tells how you accomplish each item.

- 5 = Always
- 4 = Most of the time
- 3 = Sometimes
- 2 = Rarely
- 1 = Never

	Score	Level of Assistance (mark one)
1. Do you tell teachers, staff and your family what you like to do?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
2. Do you make choices regarding supports, accommodations, and activities that you want or need?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
3. Can you describe and talk about your disability?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
4. Do you ask for help when you need it?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
5. Can you identify what kind of help you need and ask for it in a way that others understand?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
6. Can you describe your strengths and weaknesses?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer

7. Can you describe your rights under IDEA and ADA?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
8. Do you have a support group including family, friends to help you accomplish your short and long term goals?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
9. Do you work with your IEP teacher to develop your IEP and transition plan?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
10. Can you keep track of how you're doing in school and on your IEP goals?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
11. Do you make plans to do leisure activities with others?		<input type="checkbox"/> Independent <input type="checkbox"/> Help from family/friends <input type="checkbox"/> Help from teacher/employer
<u>TOTAL SCORE</u>	_____	

Tell 3 things that you feel that others could do better to help you build your self-advocacy skills.

1. _____

2. _____

3. _____