



Modified Annual Self-Determination Checklist *(for students ages 14-21)*

Name: _____ ID#: _____ Signature: _____

Student: Self-determination involves knowing about yourself, making decisions, setting goals, taking care of yourself, and more. Use this checklist to rate your self-determination skills. **This is not a test!**

Rate yourself or rate the student by marking the box after each statement.

- 1= Yes, I can do this without help.
- 2= Sometimes I need help with this.
- 3= No, I need help with this.
- 4= I don't know.
- 5= This does not apply to me.

Indicate your age and the date this checklist is completed.

Date:	Date:	Date:	Date:
Age:	Age:	Age:	Age:

About Me

1. I can seek help when needed.				
2. I can follow rules at school.				
3. I can follow rules at home.				
4. I can follow rules in the community.				
5. I can talk about or show something that I like to do.				
6. I can describe my strengths and challenges.				
7. I can express my wants and needs effectively.				
8. I know my name.				
9. I can write my name.				
10. I know my address.				
11. I know my telephone number.				
12. I know my social security number.				
13. I know my student identification (ID) number.				
14. I know where to locate important information about me (e.g., birth certificate, social security card).				
15. I understand how my disability affects my life.				
16. I know what accommodation(s) I need.				



Division of Special Education

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About My Education

1. I can make change.				
2. I can count coins.				
3. I can count bills.				
4. I can tell time.				
5. I can go from class to class by myself.				
6. I can follow a schedule.				
7. I participate in my Individual Educational Plan (IEP) meetings.				
8. I can follow verbal directions.				
9. I can follow written directions.				
10. I can use technology /assistive technology to perform tasks.				
11. I show interest in learning new things.				
12. I can talk about/demonstrate what I learned.				
13. I can use pictures to help me read and understand.				
14. I can locate information from different sources.				
15. I can work in a group taking turns.				



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About My Career/Job

Age: Age: Age: Age:

1. I can learn from experiences.				
2. I can identify my career/job goal(s).				
3. I can dress appropriately for work.				
4. I can develop a resume.				
5. I can complete a basic application.				
6. I know how to search for a job.				
7. I know how to schedule a job interview.				
8. I show respect for authority figures.				
9. I can stay on-task.				
10. I can perform simple steps in a job related routine.				
11. I can switch tasks when told to do so.				
12. I can answer questions about tasks that I can perform.				
13. I have a desire to work.				
14. I can make helpful decisions in the workplace.				
15. I can explain my disability to others.				
16. I can set an alarm clock to wake me up on time.				



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About My Social Life

Age: Age: Age: Age:

1. I can talk on the phone with family and friends.

2. I can make choices.

3. I have friends.

4. I can walk away when angry.

5. I use appropriate language when I am angry.

6. I participate in recreational activities.

7. I belong to clubs/organizations.

8. I can schedule a social activity with at least one friend.

9. I can interact with adults appropriately.

10. I recognize other people's feelings (*e.g., body language*).

11. I can give people their personal space.

12. I can engage in a conversation with others.

13. I can give my opinion appropriately.

14. I can disagree appropriately.



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About My Daily Living Skills

Age: Age: Age: Age:

1. I can prepare simple meals.				
2. I know how to use kitchen appliances (<i>e.g., stove, oven, microwave, washing machine</i>).				
3. I can perform household chores (<i>e.g., wash dishes, make bed, clean room, take out trash</i>).				
4. I can recognize street signs by color and shape.				
5. I can recognize store signs and common logos.				
6. I can recognize poison symbols and other warning signs.				
7. I can make a shopping list for my personal needs.				
8. I know where to buy products for my personal needs.				
9. I know how to make a deposit and withdrawal at the bank.				
10. I can use the restroom independently.				
11. I can feed myself.				
12. I know my travel options.				
13. I maintain good personal grooming/hygiene.				
14. I can schedule my appointments (<i>e.g., doctor, interview</i>).				
15. I can identify my prescribed medications.				
16. I can take care of my medical/health needs.				