SELF-DETERMINATION CHECKLIST: Progress Check

Stud	dent Name:	Date:			
Name	of person completing the checklist: _				
Relati	ionship to the student:				
	tions: Use the scale below to answer the ong answers.	e following qu	estions	. There a	are
	5 = Always 4 = Most of the time 3 = Sometimes 2 = Rarely 1 = Never 0 = not observed				
	HART SHOULD BE INDIVIDUALIZED TO REFLEC				
The s	tudent:	Beginning of the year		End of	
1.	tells teachers, staff, and family what he/she likes to do.	or the year	_ yeai	year	
2.	makes choices regarding supports, accommodations, and activities.				
3.	can describe his/her disability.				
4.	can identify supports and accommodations that work best for him/her in a given situation.				
5.	asks for help when he/she needs to.				
6.	can describe the way that supports and services help him/her.				
7.	can tell paid and unpaid supports how he/she wants the requested help to be provided.				
8.	leads/takes principal role participates in IEP and transition planning meetings.				

chooses whom he/she would like to attend the planning meeting.		
10. articulates his/her strengths.		
11. can describe his/her rights under IDEA.		
12. can describe his/her rights under ADA.		
13. can make meaningful decisions related to academic and leisure activities.		
14. has a circle of support, including family and friends, who help him/her accomplish the things the student wants.		
15. can work with his/her IEP manager about developing his/her IEP.		
16. has expressed interest in developing options for life when school is finished.		
17. chooses integrated leisure and recreational activities.		
18. can describe the range of housing options available and express a preference.		
19. can describe medical needs, if any.		
20.can monitor/assess educational program and outcomes		
TOTAL SCORE		