



Broward County
Public Schools

Exceptional Student Education Annual Self-Determination Checklist *(For students ages 12-22)*

Name: _____ ID#: _____ Signature: _____

Student: Self-determination involves a lot of things: 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 by marking the box after each statement... 1 = Yes, I can do this without help. *Indicate your age and the date this checklist is completed.*
2 = Sometimes I need help with this.
3 = No, I need help with this.
4 = I don't know. Date: Date: Date: Date:
5 = This does not apply

About Me	Age:	Age:	Age:	Age:
1. I can describe some of my personal interests, goals, and past experience.				
2. I can describe my strengths and talents (<i>e.g., at home, in school, and in the community</i>)				
3. I am aware of my disability and how it affects my life.				
4. I know how to ask for help when I need it.				
5. I know my rights and responsibilities as a student with disabilities.				
6. I know my rights and responsibilities as an adult with disabilities.				
7. I can express my thoughts and feelings to others appropriately.				
8. I show respect for other people and can work on a team with others.				
9. I follow the rules at home, in school, and in the community.				
10. I can explain what I learned from my mistakes.				
11. I take responsibility for my actions.				
12. I am on time for classes and appointments.				
13. I can describe the ways I study and learn best.				
14. I use tools (<i>e.g., agenda, calendar, or palm pilot</i>) to keep myself organized.				



Broward County
Public Schools

Exceptional Student Education Annual Self-Determination Checklist *(For students ages 14-21)*

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Rate yourself by marking the box after each statement... 1 = Yes, I can do this without help. *Indicate your age and the date this checklist is completed.*
2 = Sometimes I need help with this. _____
3 = No, I need help with this. _____
4 = I don't know. Date: Date: Date: Date:
5 = This does not apply

About Me	Age:	Age:	Age:	Age:
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 <i>(e.g., birth certificate, SS card)</i> .				
15. I understand how my disability affects my life.				
16. I know what accommodations(s) I need.				

**Place in student's Career Portfolio*



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Exceptional Student Education Annual Self-Determination Checklist *(For students ages 14-21)*

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Rate yourself by marking the box after each statement... 1 = Yes, I can do this without help. *Indicate your age and the date this checklist is completed.*
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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 (<i>e.g., body language</i>).				
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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Public Schools

Exceptional Student Education

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

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Rate yourself by marking the box after each statement... 1 = Yes, I can do this without help. *Indicate your age and the date this checklist is completed.*
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3 = No, I need help with this.
4 = I don't know. Date: Date: Date: Date:
5 = This does not apply

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,</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.				

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5 = This does not apply
Date: Date: Date: Date:

About My Education	Age:	Age:	Age:	Age:
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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3 = No, I need help with this. *completed.*
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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 could 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 Career	Age:	Age:	Age:	Age:
1. I know where to find information about jobs.				
2. I can name some jobs that I like and have the ability to learn how to do.				
3. I can explain the requirements for jobs that I like.				
4. I can describe at least three behaviors I have that an employer would find valuable.				
5. I have a role model or mentor.				
6. I accept feedback on how I am performing.				
7. I manage my time well to get work done without supervision.				
8. I carry out my responsibilities.				
9. I take part in school and community activities <i>(e.g., clubs, groups, sports, or socials)</i> .				
10. I have an up-to-date career portfolio.				
11. I can explain my written plan <i>(e.g., IEP)</i> on how to reach my goals after graduation <i>(e.g., work, education, living arrangements, transportation, community participation, recreation and leisure, and social relationships)</i> .				
12. I can describe how to apply for postsecondary education or training <i>(e.g., vocational school, community college, university, and the military)</i> , scholarships or financial aid.				
13. I know how to find and apply for a job <i>(e.g., application, resume, and interview)</i> .				
14. I can identify agencies and services that can help me reach my goals after graduation.				

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About My Education	Age:	Age:	Age:	Age:
1. I can identify my academic strengths.				
2. I can identify academic areas I need to work on.				
3. I know my Grade Point Average (GPA).				
4. I know the GPA I need to graduate and pursue my postsecondary goals.				
5. I know the passing score for the FCAT and I know my own score.				
6. I understand the difference between a standard diploma and a special diploma.				
7. I select courses that will help me reach my postsecondary goals.				
8. I am on track with my community service project.				
9. I can use technology to find information and complete school assignments.				
10. I can explain the goals on my Individual Educational Plan (IEP).				
11. I know and use the accommodations on my IEP.				
12. I can use my assistive technology device independently.				
13. I know what tests I need to take (<i>e.g., FCAT, PSAT, SAT, and ACT</i>) and the scores I need to reach my postsecondary education and training goals.				
14. I can describe postsecondary education and training options (<i>e.g., vocational school, community college, four-year college, apprenticeship, and the military</i>).				
15. I know the requirements needed in order to be considered for an FCAT waiver.				

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