Name: _____ Date: _____

Self-Determination/Self-Advocacy Checklist

How well do you know yourself? How well do you know what you like or prefer for yourself? How well do you know what you value as important in your life and how those values affect your decisions? How well can you tell others about yourself—your strengths and weaknesses? How well can you tell others how they can be supportive and helpful to you when you need help? How well can you look at your life and make changes when you see things you want to change?

The checklist below will help you know yourself better in these areas. Answer as honestly as you can. If you don't know, you may say that you don't know by checking DK.

Descriptions of Me	School		Home/Community		
	Yes	No	Yes	No	DK
I can describe my strengths.	☐	☐	☐	☐	☐
I can describe my weaknesses.	☐	☐	☐	☐	☐
I can explain my disability label.	☐	☐	☐	☐	☐
I can explain what I need from special education services.	☐	☐	☐	☐	☐
I can explain how I learn best.	☐	☐	☐	☐	☐
I can explain what does not help in learning.	☐	☐	☐	☐	☐
I know my interests.	☐	☐	☐	☐	☐
I know my values.	☐	☐	☐	☐	☐
I can ask for help without getting upset.	☐	☐	☐	☐	☐
I can state what I want to learn.	☐	☐	☐	☐	☐
I can state what I want to do when I graduate.	☐	☐	☐	☐	☐
I can state my rights as a person with a disability.	☐	☐	☐	☐	☐
I speak confidently and with eye contact when talking with others.	☐	☐	☐	☐	☐
I can tell teachers or work supervisors what I need to be able to do my work.	☐	☐	☐	☐	☐
I know how to look for support or help.	☐	☐	☐	☐	☐
I know how to set goals for myself.	☐	☐	☐	☐	☐
I know how to get information to make decisions.	☐	☐	☐	☐	☐
I can solve problems that come up in my life.	☐	☐	☐	☐	☐
I can develop a plan of action for goals.	☐	☐	☐	☐	☐
I can begin my work on time.	☐	☐	☐	☐	☐
I can stay on a work schedule or time plan.	☐	☐	☐	☐	☐
I can work independently.	☐	☐	☐	☐	☐
I can manage my time to stay on tasks until they are done.	☐	☐	☐	☐	☐
I can compare my work to a standard and evaluate its quality.	☐	☐	☐	☐	☐
I can tell when my plan of action is working or not.	☐	☐	☐	☐	☐
I can change goals or my plan of action.	☐	☐	☐	☐	☐

Source: Transition Planning Inventory, by G. Clark and J. R. Patton, 1998, Austin: TX: PRO-ED. Copyright 1998 by PRO-ED, Inc. Reprinted with permission.