Transition Assessment Tools
Self-Determination
AIR Self-Determination Scale®

STUDENT FORM

Student’s Name ___________________________________ Date__________

School Name________________________________________ Your Grade________

Your Date of Birth__________________________________________________

Month    Day    Year

HOW TO FILL OUT THIS FORM

Please answer these questions about how you go about getting what you want or need. This may occur at school, or after school, or it could be related to your friends, your family, or a job or hobby you have.

This is not a Test. There are no right or wrong answers. The questions will help you learn about what you do well and where you may need help.

Goal You may not be sure what some of the words in the questions mean. For example, the word goal is used a lot. A goal is something you want to get or achieve, either now or next week or in the distant future, like when you are an adult. You can have many different kinds of goals. You could have a goal that has to do with school (like getting a good grade on a test or graduating from high school). You could have a goal of saving money to buy something (a new iPod® or new sneakers), or doing better in sports (getting on the basketball team). Each person’s goals are different because each person has different things that they want or need or that they are good at.

Plan Another word that is used in some of the questions is plan. A plan is the way you decide to meet your goal, or the steps you need to take in order to get what you want or need. Like goals, you can have many different kinds of plans. An example of a plan to meet the goal of getting on the basketball team would be: to get better by shooting more baskets at home after school, to play basketball with friends on the weekend, to listen to the coach when the team practices, and to watch the pros play basketball on TV.

The AIR Self-Determination Scale was developed by the American Institutes for Research (AIR), in collaboration with Teachers College, Columbia University, with funding from the U.S. Department of Education, Office of Special Education Programs (OSEP), under Cooperative Agreement HO23J200005
HOW TO MARK YOUR ANSWERS

EXAMPLE QUESTION:
I check for errors after completing a project.

EXAMPLE ANSWER:
Circle the number of the answer which tells what you are most like:
(Circle ONLY ONE number).

1 Never…………………..student never checks for errors.
2 Almost Never…………student almost never checks for errors.
3 Sometimes……………..student sometimes checks for errors.
4 Almost Always…………student almost always checks for errors.
5 Always……………………student always checks for errors.

REMEMBER
There are NO right or wrong answers. This will not affect your child’s grade. So please think about each question carefully before you circle your answer.
## THINGS I DO

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost</th>
<th>Sometimes</th>
<th>Almost</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
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</table>

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*AIR Self Determination Scale, Student Form*
# HOW I FEEL

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. I feel good about what I like, what I want, and what I need to do.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
</tr>
<tr>
<td></td>
<td>1</td>
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<td>4</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. I believe that I can set goals to get what I want.</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
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How I Feel – Total Items 1 + 2

<p>| | | | | | |</p>
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</thead>
<tbody>
<tr>
<td>3. I like to make plans to meet my goals.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
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<tr>
<td></td>
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<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4. I like to begin working on my plans right away.</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
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How I Feel – Total Items 3 + 4

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</thead>
<tbody>
<tr>
<td>5. I like to check on how well I’m doing in meeting my goals.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
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<tr>
<td></td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. I am willing to try another way if it helps me to meet my goals.</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
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<td>4</td>
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How I Feel – Total Items 5 + 6

Please go on to the next page ➤

4 AIR Self Determination Scale, Student Form
## WHAT HAPPENS AT SCHOOL

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</thead>
<tbody>
<tr>
<td>1. People at school listen to me when I talk about what I want, what I need, or what I’m good at.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
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<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. People at school let me know that I can set my own goals to get what I want or need.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
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<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>What Happens at School – Total Items 1 + 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. At school, I have learned how to make plans to meet my goals and to feel good about them.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>What Happens at School – Total Items 3 + 4</td>
<td></td>
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</tr>
<tr>
<td>4. People at school encourage me to start working on my plans right away.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
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<td></td>
<td>1</td>
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<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>What Happens at School – Total Items 5 + 6</td>
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</tr>
<tr>
<td>5. I have someone at school who can tell me if I am meeting my goals.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
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<td></td>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. People at school understand when I have to change my plan to meet my goals. They offer advice and encourage me when I’m doing this.</td>
<td>Never</td>
<td>Almost Never</td>
<td>Sometimes</td>
<td>Almost Always</td>
<td>Always</td>
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<td></td>
<td>1</td>
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<td>5</td>
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</tbody>
</table>

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## WHAT HAPPENS AT HOME

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Almost Always</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. People at home listen to me when I talk about what I want, what</strong></td>
<td></td>
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<tr>
<td><strong>I need, or what I’m good at.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>2. People at home let me know that I can set my own goals to get</strong></td>
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<tr>
<td><strong>what I want or need.</strong></td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>What Happens at Home – Total Items 1 + 2</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>3. At home, I have learned how to make plans to meet my goals and</strong></td>
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<tr>
<td><strong>to feel good about them.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>What Happens at Home – Total Items 3 + 4</strong></td>
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<tr>
<td><strong>4. People at home encourage me to start working on my plans right</strong></td>
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<tr>
<td><strong>away.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>What Happens at Home – Total Items 5 + 6</strong></td>
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</tr>
<tr>
<td><strong>my goals. They offer advice and encourage me when I’m doing this.</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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PLEASE WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS...

Give an example of a goal you are working on.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

What are you doing to reach this goal?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

How well are you doing in reaching this goal?

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

THANK YOU!
The AIR Self-Determination Profile
Student Form

Name_____________________________________________________ Date_________________________________

8 AIR Self-Determination Scale, Student Form
The Arc's Self-Determination Scale (Adolescent Version) is a student self-report measure of self-determination designed for use by adolescents with cognitive disabilities. The scale has two primary purposes:

- To provide students with cognitive disabilities and educators a tool that assists them in identifying student strengths and limitations in the area of self-determination; and
- To provide a research tool to examine the relationship between self-determination and factors that promote/inhibit this important outcome.

The scale has 72 items and is divided into four sections. Each section examines a different essential characteristic of self-determination: Autonomy, Self-Regulation, Psychological Empowerment and Self-Realization. Each section has unique directions that should be read before completing the relevant items. Scoring the scale (see Procedural Guidelines for scoring directions) results in a total self-determination score and subdomain scores in each of the four essential characteristics of self-determination. A comprehensive discussion and exploration of self-determination as an educational outcome is provided in The Arc's Self-Determination Scale Procedural Guidelines, as well as detailed scoring procedures and a discussion about the use of self-report measures in general. The scale should not be used until the administrator is thoroughly familiar with these issues.

The Arc's Self-Determination Scale (Adolescent Version) was developed by The Arc National Headquarters with funding from the U.S. Department of Education, Office of Special Education Programs (OSEP), under Cooperative Agreement #H023J20012. Questions used in Section One (Autonomy) were adapted, with permission from the authors, from the Autonomous Functioning Checklist. Questions used in Section 4 (Self-Realization) were adapted, with permission from the author, from the Short form of the Personal Orientation Inventory. Appropriate citations for both instruments are available in The Arc's Self-Determination Scale Procedural Guidelines. The Arc gratefully acknowledges the generosity of these researchers.
Please check Section One. A third of the items have choices that are not used. There is only one answer for each question.

### Section One: Preferences, Beliefs, Interests and Abilities

**Personal Expression: Personal Expression**

<table>
<thead>
<tr>
<th>Item</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.</td>
<td>Always listen to music.</td>
</tr>
<tr>
<td>29.</td>
<td>Choose my clothes and hair style.</td>
</tr>
<tr>
<td>30.</td>
<td>Choose gifts to give to family.</td>
</tr>
<tr>
<td>31.</td>
<td>Decorate my room.</td>
</tr>
<tr>
<td>32.</td>
<td>Spend money.</td>
</tr>
</tbody>
</table>

**Post-School Directions**

<table>
<thead>
<tr>
<th>Item</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.</td>
<td>Work on school work that will improve my career chances.</td>
</tr>
<tr>
<td>24.</td>
<td>Make a long-range career plan.</td>
</tr>
<tr>
<td>25.</td>
<td>Work on a career that will allow me to earn money.</td>
</tr>
</tbody>
</table>

**Community Involvement and Interests**

<table>
<thead>
<tr>
<th>Item</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.</td>
<td>Volunteer in things that am interested in.</td>
</tr>
<tr>
<td>18.</td>
<td>Go to restaurants.</td>
</tr>
<tr>
<td>19.</td>
<td>Visit friends, concerts and shows.</td>
</tr>
<tr>
<td>20.</td>
<td>Go to movies, concerts and shows.</td>
</tr>
<tr>
<td>21.</td>
<td>Be part in youth groups.</td>
</tr>
</tbody>
</table>

**Subtotal:**

**Subtotal:**

**Subtotal:**
2B Subtotal

List your things you should do to meet this goal:

I plan to use

I have not planned for that yet.

4. What type of transportation do you plan to use after graduation?

3B Subtotal

Story Score

School:
The story ends with you leaving many friends at the new

Ending:
The story ends with you leaving many friends at the new

Beginning:
You are in a new school and you don’t know anyone.

Middle:
You want to have friends.

Beginnings:
You are in a new school and you don’t know anyone.

Middle:
You want to have friends.

Story Score

Club President:
The story ends with you being elected as the

Ending:
The story ends with you being elected as the

Beginning:
You are in a new school and you don’t know anyone.

Middle:
You want to have friends.

39. Where do you want to live after you graduate?

38. Where do you want to work after you graduate?

37. What are your plans and how do you meet them?

36. Tell if you have made plans for that outcome and, if so, what

35. Again, there are no right or wrong answers. For each question.

34. The next three questions ask about your plans for the future.

Directions:

2B: Goal setting and task performance
### Section Four: Self-Realization

**Directions:** Tell whether you think each of these statements describes how you feel about yourself or not. There are no right or wrong answers. Choose only the answer that best fits you.

| 65. I know what I do best. | 66. | | | | 
| 67. I am confident in my abilities. | 68. | | | | 
| 69. I make up my mind quickly. | 70. | | | | 
| 71. Other people like me. | 72. | | | | 
| 73. I am well liked. | 74. | | | | 
| 75. I am popular. | 76. | | | | 
| 77. I am better to be yourself. | 78. | | | | 
| 79. I am afraid of doing things wrong. | 80. | | | | 
| 81. I don't agree with them. | 82. | | | | 
| 83. I can like people even if they might see me. | 84. | | | | 
| 85. I care for others. | 86. | | | | 
| 87. I feel I cannot do many things. | 88. | | | | 
| 89. I don't accept my own limitations. | 90. | | | | 
| 91. I feel loved because | 92. | | | | 
| 93. I give love. | 94. | | | | 
| 95. I am loved because | 96. | | | | 
| 97. I am not an important person. | 98. | | | | 
| 99. I like myself. | 100. | | | | 
| 101. I like people even if I can't show my feelings even if they see me. | 102. | | | | 
| 103. I do not feel ashamed. | 104. | | | | 

**Please note:** The table contains a set of statements with options for agreement or disagreement. Each statement is to be marked as either 'Agree' or 'Don't agree.' The instructions emphasize that there are no right or wrong answers.
## PERC Self-Advocacy Checklist

<table>
<thead>
<tr>
<th>Setting</th>
<th>Steps</th>
<th>Teacher/Mentor</th>
<th>Date</th>
<th>Acquaintance</th>
<th>Date</th>
<th>New Person</th>
<th>Date</th>
<th>Real life Situation</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classroom</strong></td>
<td>Introduce Self</td>
<td></td>
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<td></td>
<td>Describe Strengths</td>
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<td>Describe Disability</td>
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<td></td>
<td>Describe Support needs</td>
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<td><strong>Employment</strong></td>
<td>Introduce Self</td>
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<td>Describe Disability</td>
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<td>Present Documentation</td>
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<tr>
<td><strong>Social/Community</strong></td>
<td>Introduce Self</td>
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<td>Describe Strengths</td>
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<td>Describe Disability</td>
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<td>Describe Support needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Present Documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Directions for Using the PERC Self-Advocacy Checklist

Work with your teacher or peer mentor to practice the listed self-advocacy skills in each setting with:

1. Your mentor, or your teacher, or a someone you know well;

2. An acquaintance (someone you may have met, but do not know well)

3. Someone you have never met before (arranged by your teacher or mentor)

4. The appropriate person in the real-life situation.

Once you feel that you can do this very well without any help, put a check mark in the box and write down the date.

**Helpful Hints**

- You don’t have to use your disability label if you don’t feel comfortable with it. Just describe what you can do well and what you need help doing.

- When you find words that feel good to you, write them down to help you remember them and then practice using them again next time.

- Remember that it is OK to be nervous when talking about yourself; everyone feels that way. Practice will make it easier.
Some words or phrases that might help describing your disability:

In a class
I have difficulty hearing/seeing and need to sit in the front of the room.
I have a learning disability that makes it hard for me to process lectures.
My disability makes it difficult for me to read and write.

On the job
I have a learning disability that makes it hard for me to remember instructions when you tell them to me.
My disability makes it hard for me to quickly count money.
I have a seizure disorder that is controlled by medication.

In a social/community situation
I have a hearing impairment that makes it difficult for me to understand everything.
My disability makes it hard for me to read and understand the instructions on my medicine.
I have cerebral palsy and sometimes get tired after walking for a while.

Some words or phrases that might help describing your strengths:

In a class
I am very excited about being in your class.
I have always been interested in child development and I am quick learner.
I have always had an interest in art and am good at sketching.
I have a really good memory.

On the job
I am very excited to be working here.
I am very organized and detail-oriented.
I am very outgoing and work well with customers.

In a social/community setting
I really enjoy meeting new people.
I’m really good at figuring out how to take the bus.

Some words or phrases that might help describing your support needs:

In a class
In order to be successful in your class, I need to get notes ahead of time.
I have learned that these accommodations have worked best for me.
To hear everything you are saying clearly, I need to sit in the front row.
In the past, I have been most successful when given extra time on a test.

On the job
In order to be successful on the job, I need to have my daily instructions written down.
In the past, I have done a great job at the cash register if I have a practice guide next to me.
In case I have a question, I need to know who I should go to first.

In a social or community setting
Sometimes I have difficulty understanding people when they talk too fast;
could you speak a little slower?
I have trouble reading that menu board. Could you help me pick out lunch?
I don’t understand these forms very well. I have all the information with me -
- could someone help me fill this out?

Some words or phrases that might help in presenting documentation, if necessary:

In a class
Here are the forms that show my documented disability and the accommodations that work best for me in a class.

On the job
Here are the forms that show my documented disability and the accommodations that work best for me in the workplace.

In a social or community setting
Here are the forms that show my documented disability and the assistance I need.
Personal Preference Indicators
A Guide for Planning

Preferences Choices Self-determination

Center for Learning and Leadership, University Center for Excellence in Developmental Disabilities Education, Research and Service, University of Oklahoma Health Sciences Center
The Personal Preference Indicators were developed by the Center for Learning and Leadership/UCE specifically to support our work with self-advocates, families, professionals and our academic and community colleagues. If you would like additional copies please contact the Center for Learning and Leadership Headquarters Office in Oklahoma City. The information in this booklet is updated each year. Please contact the Center for Interdisciplinary Learning and Leadership dissemination (publications) coordinator if you would like additional copies. Phone 405-271-4500 and press "0" to have your call directed.

If you use material in this booklet a suggested citation follows:


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Personal Preference Indicators
The purpose of this index is to assist you in planning with and for a person with a developmental disability.

The Personal Preference Indicators are not checklists, but are a guide to accessing information about the person’s preference. The items listed are intended to be used as cues or prompts to remind you about important subjects to bring up in your informal talks with the person. These informal conversations can give you a base line of preferences from which to begin planning.

Change is often frightening for persons with developmental disabilities, and most of us resist doing things that frighten us. So, beginning to plan, utilizing the preference indicators can be an essential accommodation. Understanding a person’s preferences is critical to developing an individualized plan. A plan that uses what the person knows about his or her likes and dislikes is a more personalized approach to making any changes or choices and constructively involves the individual in decision making about his or her life.

Using the following domain areas in informal conversations with the person, or with someone who knows and has a positive relationship with the person, over a period of time will assist everyone in getting to know each other better. If used by any member of the interdisciplinary team in their interaction with the person, these indicators have the potential to unfold a picture of the person which will show where to begin planning in a considerate, appropriate and positive manner.

Included are:

- Preference indicators which identify the person’s “favorites,”
- Emotion indicators which focus on the person’s “feelings,”
- Socialization indicators to highlight the person’s “social world” and relationships,
- Self-Determination indicators which focuses on “choices” the person makes,
- Physical indicators which center on the person’s “body clock.”
- Health indicators to be considered that focus on the person’s “health”
- How does the person view his “role” in the family, community?

Following the physical indicators are two additional domain topics that may need input from other people who are with the person on a regular basis. The first is health. We add just a note of extra caution here. When talking about the health indicators you may learn about information that should not be discussed casually with others, by you or the person. As people move into adult life, understanding the concept of privacy is important. The final domain area is about family roles. Here we suggest keeping in mind that this may be an area that is changing. The person is probably becoming more involved in school, community life, a work setting, or a growing social network that includes, but also reaches beyond the immediate family.
Preference Indicators

FAVORITES

What are the person's favorites? Do you know why? How can you tell? Any other things?

- outside
- inside
- friend
- structure
- non-structure
- daytime
- nighttime
- foods
- music
- words
- being alone
- being sung to
- movement
- color
- games
- smells
- sounds
- activities
- tv show
- time of day
- toys
- Touch, smooth, rough, etc.
- clothes
- place to go
- animals

Who are the person's favorite people?

Do you know why? How can you tell?

What are the person's favorite things about himself or herself?
**Emotion Indicators**

**FEELINGS**

*What calms the person? Do you know why? How can you tell? Anything else?*

- holding
- rocking
- smells/odors
- music
- lights
- laughter
- being sung to
- colors
- being talked to
- animals (which ones?)
- playing (alone? with others?)
- other???

*What makes the person happy? How do you know?*

- outdoors
- games
- a special place
- food
- playing (alone? with others?)
- indoors
- visiting
- music or sounds
- toys (which ones?)
- other???

*What motivates the person? How can you tell?*

- free time
- animals
- kind of privileges?
- toys
- colors
- a particular person?
- other
- playtime
- food
- tv
- money
- music
- sounds
Emotion Indicators

FEELINGS
continued

What does the person dislike? How can you tell?

- noise
- foods
- certain tastes
- eating
- rules
- other?

- rushing
- smells
- being alone
- Tactile (touch, rough, soft)
- crowds

What does the person fear? How can you tell?

- sounds
- slipping/falling
- animals
- movement
- other children/youth
- colors

- crowds
- adults
- water
- falling
- darkness
- lights/brightness

What does the use as a coping mechanism? How do you know?

- safe person
- body movement (rocks or twirls)
- withdrawal (lack of eye contact)
- familiar object (toy or blanket)
- safe place
- hyperactivity
- oral stimulation (hand to mouth)
- other?
1. How does the person communicate on his/her own?

2. Does the person have a nickname? If so, what is it?

3. How accurately does the person relate information to you and to others?

4. Does the person have a sense of humor?

5. How does the person show affection?

6. Does the person prefer to be alone or do activities alone or with someone? If with someone, who?

7. How would you describe the person's relationship with his/her peers?

8. Does the person request to be with or visit someone, relative, friend, etc.?

9. Does the person have a concept about being very cautious with strangers?

10. Does the person respond to facial expressions? Which ones? How?

11. Does the person use facial expressions to communicate? Which ones? What do they mean?
Self Determination Indicators
CHOICES

Does the person make choices? If not, why?

- food
  mealtime
  restaurant

- bedtime
  bedroom decor
  night light
  time to arise

- smells
- sounds
- activities
- tv show
- time of day

- dressing
  clothing preference

- music
  soft
  loud

- activities
  chores
  exercise
  private time
  free time
  hobbies

- sports
  tv
  sporting events
  participation

- bathing or showering
  Soap/deodorant

- hygiene
  cologne/perfume
  toothpaste/mouthwash

- travel/vacation
- friends

- Other?
Physical Indicators

BODY CLOCK

What is the person's best functioning time? How can you tell?
- morning
- afternoon
- mid-morning
- evening

Preference for rising?
- early
- late
- indifferent
- shows hunger

Preference for eating?
- morning
- mid-morning
- afternoon
- evening

Preference for working?
- afternoon
- evening
- nighttime

Preference for going to bed?
- afternoon
- evening
- nighttime

When does the person tire?
- mid-morning
- evening
- afternoon

If the person takes regular medication(s), what time of day does he/she take them and what are the effects?

Do they plan activities to coincide with his/her body clock? Explain.
Health Indicators

What information about the person's health do you have available?

- frequently ill?
- affected by allergies?
- well most of the time?
- susceptible to infections?

Headaches
☐ frequent
☐ infrequent
☐ never

Stomachache
☐ frequent
☐ infrequent
☐ never

Earache
☐ frequent
☐ infrequent
☐ never

Seizures
☐ frequent
☐ infrequent
☐ never

Fevers
☐ frequent
☐ infrequent
☐ never

How do you know when the person feels bad? Good?

How does the person feel about going to the doctor?
Family Role Indicators

ROLE INDICATORS

How is the person involved with family?

- some
- not at all
- hierarchy, etc.
- little
- responsibilities

Who are the caregivers for the person? Who is relief to the primary caregivers?

How is the person included in choice making? How often? Why or why not?

What kind of discipline is used by caregivers? Time out, redirection, other...? (If none, why not?)
How does the person conceptualize the future? Next year? 5 years? 10 years?

What are your greatest concerns or worries for the person? Why?

- educational
- medical
- housing
- financial
- employment
- other?

NOTES:

ACKNOWLEDGEMENT:

This article was produced by Jan Moss for Training Oklahoma Providers of Service (TOPS) a U.S. Department of Education funded project #H029G60186, Center for Learning and Leadership/UCE, University of Oklahoma Health Sciences Center, College of Medicine and may be reproduced for educational purposes only.

References:
Dunst, Carl J., Ph.D., Puckett Institute, Smokey Mountain Research Institute, New Decade, New Innovations, New Practices.
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.

<table>
<thead>
<tr>
<th>Descriptions of Me</th>
<th>School</th>
<th>Home/Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can describe my strengths.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can describe my weaknesses.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can explain my disability label.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can explain what I need from special education services.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can explain how I learn best.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can explain what does not help in learning.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I know my interests.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I know my values.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can ask for help without getting upset.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can state what I want to learn.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can state what I want to do when I graduate.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can state my rights as a person with a disability.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I speak confidently and with eye contact when talking with others.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can tell teachers or work supervisors what I need to be able to do my work.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I know how to look for support or help.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I know how to set goals for myself.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I know how to get information to make decisions.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can solve problems that come up in my life.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can develop a plan of action for goals.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can begin my work on time.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can stay on a work schedule or time plan.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can work independently.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can manage my time to stay on tasks until they are done.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can compare my work to a standard and evaluate its quality.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can tell when my plan of action is working or not.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>I can change goals or my plan of action.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Self-Determination Observation Checklist (SDOC)

©1995, 2004
Alan Hoffman, Ed.D.
Sharon L. Field, Ed.D.
Shlomo S. Sawilowsky, Ph.D.

Instructions for Teachers

This checklist contains items designed to measure three behaviors associated with being self-determined (planning, communicating, and behaving independently). Because this is a behavioral checklist, limit your responses to behaviors exhibited during the observation period. More specific instructions follow:

1. Select one class period expected to provide the student with opportunities to demonstrate behaviors represented on the checklist. For example, small group discussions and cooperative learning groups would be appropriate; but, viewing a film or listening to a lecture would provide less opportunity for independent behaviors.

2. During the selected class period, the teacher should observe a specific student several times for a total of about five minutes.
   a. Be aware of the student’s behavior and place a check mark when behaviors on the checklist occur.
   b. Deliberately observe the student about five times during the period (i.e., even if the student does not first draw the teacher’s attention).
   c. Items need to be checked only once, regardless of how often the behavior occurs.

3. Place a check mark in the blank next to each item describing the student’s behavior.

For example, if the following two items appeared on the SDOC, and, during the observation period, the student exhibited the behavior of looking up information in a book, but not self-reinforcement, you would mark the sheet like this:

Does the student:

1. ✓ look up information in a book?

2. ___ use self-reinforcement strategies?

NOTE:
Check the behaviors that occur whether you consider them appropriate or inappropriate.
Observe the Student
Does the student:

1. _____ ask a question?  
2. _____ examine an object in the room?  
3. _____ provide an alternative to the teacher’s point of view?  
4. _____ provide an alternative to a peer’s point of view?  
5. _____ make more than one attempt to accomplish a task?  
6. _____ try more than one method to accomplish a task?  
7. _____ make a list of things to do?  
8. _____ use a calendar to plan?  
9. _____ express satisfaction about an outcome?  
10. _____ express disappointment about an outcome?  
11. _____ keep personal records or a diary?  
12. _____ select a topic for an assignment?  
13. _____ select an item (e.g., from a lunch counter or a bookshelf)?  
14. _____ work successfully alone?  
15. _____ work successfully in a group?  
16. _____ participate in a conversation with the teacher?  
17. _____ participate in a conversation with a peer?  
18. _____ negotiate with a teacher?  
19. _____ negotiate with a peer?  
20. _____ make first person “I” statements?  
21. _____ express an opinion or a belief?  
22. _____ alter tone or volume of voice to make a point?  
23. _____ use an appropriate method to gain the teacher’s attention (e.g., raise hand)?  
24. _____ use humor to communicate?  
25. _____ volunteer for activities?  
26. _____ express disagreement with the teacher on an issue?  
27. _____ express disagreement with a peer on an issue?  
28. _____ make a suggestion?  
29. _____ speak in a group?  
30. _____ initiate a conversation with the teacher?  
31. _____ initiate a conversation with a peer?  
32. _____ initiate an activity without a direct prompt from the teacher?  
33. _____ initiate an activity without a direct prompt from a peer?  
34. _____ resolve a conflict?  
35. _____ spoken communication skills understandable to the teacher?  
36. _____ spoken communication skills understandable to a peer?  
37. _____ spoken communication indicative that he/she understands the teacher?  
38. _____ spoken communications indicative that he/she understands a peer?
# Self-Determination Checklist

## Student Self-Assessment

<table>
<thead>
<tr>
<th>Rating</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 2 1</td>
<td>I set goals to get what I want or need.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I make plans for reaching my goals.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I check my progress on how I am doing toward my goals.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I attend my IEP Meetings.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I participate in my IEP Meetings.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I know the goals listed in my IEP.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>At school, educators listen to me when I talk about what I want or need.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>At home, my parents listen to me when I talk about what I want or need.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I have others in my life who help me to accomplish my goals.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I ask for help when I need it.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I know what I need, what I like and what I enjoy doing.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I tell others what I need, what I like and what I enjoy doing.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I help to make choices about the supports (educational services) and accommodations that I need in school.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I can describe my learning difficulties to others.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I believe I have control to direct my life.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I take care of my personal needs (clothes, chores, meals, grooming).</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I make friends with others my age.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I make good choices.</td>
</tr>
<tr>
<td>3 2 1</td>
<td>I believe that working hard in school will help me to get a good job.</td>
</tr>
</tbody>
</table>

Self-Determination skills help you to know
- yourself
- your goals
- supports you need to reach your goals

Use the following scale to rate the statements below:

- 3 = almost always/most of the time
- 2 = sometimes
- 1 = rarely or never
Self-Determination Checklist
Student Self-Assessment

1. What is one (1) goal that you have for yourself?

2. List three (3) things you can do to reach this goal.

3. How can people around you (teachers, family, friends, etc.) help you to build your self-determination skills?

4. List three (3) of your rights under the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act (ADA).
**Wisconsin Assistive Technology Initiative**

**Student Information Guide for**
**Self Determination and Assistive Technology Management**

Name: ___________________________ Date: ______________

Assistive Technology Currently Being Used: ___________________________

(Complete a separate checklist for each type of assistive technology, especially if student has varying skill levels associated with specific assistive technology.)

<table>
<thead>
<tr>
<th>Skill Demonstration:</th>
<th>Never</th>
<th>Assistance</th>
<th>Independent</th>
<th>N/A</th>
</tr>
</thead>
</table>

**PROBLEM SOLVING SKILLS**
Student is able to:
understand and explain strengths and weaknesses
differentiate wants and needs
make choices
consider multiple options and consequences
identify and contact resources such as social services, consultants and therapists
understand legal rights and how and when to obtain those rights
persevere when others don't follow through

**COMMUNICATION SKILLS**
Student is able to:
initiate communication
request clarification and information
ask for assistance (when, where, who, and what to say)
communicate clear messages
explain the disability, and needed accommodations
check for listener's understanding
successfully repair communication breakdowns
access and use phone
access and use internet/written communication
**AT DEVICE SPECIFIC SKILLS**
Student is able to:
- set up the AT hardware or software
- tell another how to set up the AT
- identify environmental accommodations needed to use the device
- turn on/off options as needed
- program the device and back up, if needed
- request new features, set ups, options, messages, etc.
- determine when usage of AT is not appropriate or needed
- determine when different AT may be needed
- obtain supplies needed for AT device (batteries, tapes, etc...)
- utilize low tech/no tech back up for AT

**AT MANAGEMENT SKILLS**
Student is able to:
- recognize when AT is malfunctioning
- trouble shoot simple problems
- identify sources of technical assistance/repair
- contact sources of technical assistance/repair
- ship/take AT to source of repair
- identify sources of funding for repair
- apply for/request funding assistance
- request/obtain back up for AT during repair
- access and use emergency backup plan when device is not available

**GOAL SETTING SKILLS:**
Student is able to:
- set realistic goals for himself/herself in general
- set realistic goals for use of assistive technology
- follow through on goals when set
- monitor progress toward goal(s)
- reflect on and evaluate progress toward goal(s)
- lead a discussion about goals
Student Progress Self-Evaluation

Name ___________________________ Date ______________ Class __________

1. Before my last assessment, I reviewed the following topics: ____________________________
   I could have done better on the assessment if I had done these things: ________________

2. Before my next assessment, I will change my study routine in these ways: ______________

3. I am currently studying the following topics: ________________________________

4. I am working on the following long-term projects: ______________________________
   I work __________________ per week on these projects.
   The topics I study in class help me with my project in these ways: ________________

5. I can improve my work by taking these steps: ________________________________

6. I need to ask questions about these math topics: ______________________________

7. I am going to ask my teacher to help me in these ways: _________________________

_____________________________  _______________________________
Student’s Signature              Parent’s or Guardian’s Signature
# Things That Are Difficult for Me

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a hard time paying attention in class.</td>
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<tr>
<td>I’m easily distracted by noises and movements.</td>
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<td>It’s difficult for me to memorize information.</td>
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<td>I forget what I’m supposed to do after instruction.</td>
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<tr>
<td>I have trouble figuring out new words.</td>
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<td>I have difficulty understanding what I read.</td>
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<td>Reading out loud is embarrassing for me.</td>
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<td>I can spell words, but then forget them.</td>
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<td>My handwriting is hard to read.</td>
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<td>I have trouble writing sentences and paragraphs.</td>
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<td>I forget how to do math calculation problems.</td>
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<td>Math word problems are hard for me.</td>
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<tr>
<td>My memory for math facts is poor.</td>
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<tr>
<td>I forget materials I need for class.</td>
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<td>I lose track of time and don’t finish tasks.</td>
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<td>I misunderstand what people say to me.</td>
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<td>I miss important information when I listen.</td>
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<td>I have a hard time saying what I mean.</td>
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<td>I am easily frustrated and lack confidence.</td>
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<tr>
<td>Making friends is hard for me.</td>
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</table>

# Values Inventory

Read each statement, and circle the number that describes your values.

1 = not at all important
2 = not too important
3 = sometimes important
4 = fairly important
5 = very important

### Section A

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### Section B

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Section C

1. I like having rich friends. ........................................... 1 2 3 4 5
2. I like doing things that others fear to do. .......................... 1 2 3 4 5
3. I like decorating my room. ........................................... 1 2 3 4 5
4. I like running things my way. ....................................... 1 2 3 4 5
5. I enjoy helping people in trouble. .................................. 1 2 3 4 5
6. I like being noticed everywhere I go. ............................... 1 2 3 4 5
7. I enjoy pleasing colors in my room at home. .................... 1 2 3 4 5
8. I like to work out during the week. ................................. 1 2 3 4 5
9. I enjoy making my own decisions. ................................. 1 2 3 4 5
10. I like working outside. ............................................... 1 2 3 4 5

Section D

1. I like having money in the bank. ................................... 1 2 3 4 5
2. I like driving fast. .................................................... 1 2 3 4 5
3. I like being creative with materials. ............................... 1 2 3 4 5
4. I would enjoy hiring and firing people. ........................... 1 2 3 4 5
5. I like helping people solve problems. .............................. 1 2 3 4 5
6. I like having others do things for me. .............................. 1 2 3 4 5
7. I enjoy listening to beautiful music. ............................... 1 2 3 4 5
8. I like sports competition. .......................................... 1 2 3 4 5
9. I like doing things my way. ........................................ 1 2 3 4 5
10. I enjoy hiking in the wilderness. ................................ 1 2 3 4 5

Section E

1. I like buying expensive things. ..................................... 1 2 3 4 5
2. I like having a lot of adventure. ................................... 1 2 3 4 5
3. I like finding different ways to make things. .................... 1 2 3 4 5
4. I like being the boss. .................................................. 1 2 3 4 5
5. I like helping to prevent fights. ................................... 1 2 3 4 5
6. I would enjoy seeing my name in big letters. .................... 1 2 3 4 5
7. I enjoy seeing beautiful sights. ................................... 1 2 3 4 5
8. I like being strong. ..................................................... 1 2 3 4 5
9. I like to choose my own things to do. ............................ 1 2 3 4 5
10. I enjoy camping. .................................................... 1 2 3 4 5

Values Inventory Summary

Fill in the score for each item from the Values Inventory. Next, fill in the total score for each statement by adding the scores from the five sections. Graph the totals for each statement by shading in the bars from 0 up to your score.

<table>
<thead>
<tr>
<th>Section A</th>
<th>Statement 1</th>
<th>Statement 2</th>
<th>Statement 3</th>
<th>Statement 4</th>
<th>Statement 5</th>
<th>Statement 6</th>
<th>Statement 7</th>
<th>Statement 8</th>
<th>Statement 9</th>
<th>Statement 10</th>
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<td>Section B</td>
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Look at the “I Value” graph, and answer the following questions.

1. What is your strongest value? 

   (The higher the number, the stronger the value placed on that area.)
   - What jobs are related to that value that you might enjoy doing?

2. What is your second strongest value?
   - What jobs are related to that value that you might enjoy doing?

3. What is your third strongest value?
   - What jobs are related to that value that you might enjoy doing?