



Student Self Assessment

Name: _____ Assessment Date: _____

Complete the following assessment based upon your experiences in each of the following areas (*Academics, Independent Living, Socialization, Safety, Sexuality, Stress, and Personal Insight*). Ratings are based on the level of independence with which you are able to perform the activities or skills as described below:

- **A rating of 1** is given when you do not perform the skill on your own at all.
- **A rating of 2** is given when you may require physical prompting to perform the activity or skill. An example of this prompting would be hand over hand or a full physical prompt.
- **A rating of 3** is given when you perform the skill but require extensive help in doing the activity/task. Extensive help is defined as the use of three or more different types of support from another person such as modeling, pictures, verbal or written cues.
- **A rating of 4** is given when you are able to perform the skill but require some help. Some help is defined as the use of one or two of the following types of support from another person such as gestures like pointing, verbal prompt, pictures and/or written cues.
- **A rating of 5** is given when you are able to perform the skill or activity on your own, without any help from another person. You might still need some supervision, but you perform the activity or skill independently.

		Scale				
		Please circle the number that most appropriately identifies the correct answer				
Academics		1	2	3	4	5
1.	I attend class or tutoring sessions regularly and on time.	1	2	3	4	5
2.	I inform my teachers if I know I am going to be absent.	1	2	3	4	5
3.	In class, I listen and actively participate in the classroom and learning activities.	1	2	3	4	5
4.	I demonstrate appropriate classroom behaviors.	1	2	3	4	5
5.	I read assigned text, understand content, and can rephrase in my own words	1	2	3	4	5

6.	I take notes while listening to a class lecture.	1	2	3	4	5
7.	I complete in class and out-of-class assignments.	1	2	3	4	5
8.	I respect the opinions of others and can express my own opinion.	1	2	3	4	5
9.	I accept feedback from my teachers and use the feedback to improve my work.	1	2	3	4	5
10.	I have good study habits.	1	2	3	4	5
11.	I am engaged in learning.	1	2	3	4	5
SUMMATIVE SCORE						
TOTAL SCORE						
AVERAGE (Total Score/55)						

Independent Living		1	2	3	4	5
1.	I plan and participate in my learning (IEP/504 plan).	1	2	3	4	5
2.	I know how to and do self-advocate for help when needed.	1	2	3	4	5
3.	I follow a daily schedule and manage my time effectively.	1	2	3	4	5
4.	I know when and what accommodations to ask for and who to request them from.	1	2	3	4	5
5.	I manage money on a day-to-day basis (i.e., pay lunch account, eat in a restaurant, buy groceries, clothing, etc.).	1	2	3	4	5
6.	I plan and follow a menu that is nutritionally balanced and meets dietary needs or identified dietary restrictions.	1	2	3	4	5
7.	I can manage my own medication (consuming and/or getting refills at pharmacy).	1	2	3	4	5
8.	I travel independently through the local community, including the ability to plan for and use public transportation.	1	2	3	4	5
9.	I seek out and participate in activities that promote career or vocational exploration.	1	2	3	4	5
10.	I am responsible for setting my own alarm, setting out my clothes, and completing my own grooming and hygiene.	1	2	3	4	5
SUMMATIVE SCORE						
TOTAL SCORE						
AVERAGE (Total Score/50)						

Socialization		1	2	3	4	5
1.	I am involved in school based clubs, groups, and other activities.	1	2	3	4	5
2.	I am involved in community-based groups, groups, and social activities.	1	2	3	4	5
3.	I plan social activities with others (i.e., including making appropriate accommodations, clothing preparations, etc.)	1	2	3	4	5
4.	I enjoy being around others and I engage in back-and-forth conversations.	1	2	3	4	5
5.	I have hobbies and engage in leisure activities with friends who have common interests.	1	2	3	4	5
6.	I initiate social outings and gathering with friends.	1	2	3	4	5
7.	I work well in groups and am able to collaborate with others.	1	2	3	4	5
SUMMATIVE SCORE						
TOTAL SCORE						
AVERAGE (Total Score/35)						

Sexuality		1	2	3	4	5
1.	I understand my own views about sexuality.	1	2	3	4	5
2.	I understand that my own views about sexuality may differ from others.	1	2	3	4	5
3.	I understand sexual intercourse, sexually transmitted diseases, birth control and the practice of safe sex.	1	2	3	4	5
4.	I respect others views about sexuality.	1	2	3	4	5
5.	I understand sex is private.	1	2	3	4	5
6.	I know the difference between a friendship and a more intimate relationship.	1	2	3	4	5
SUMMATIVE SCORE						
TOTAL SCORE						
AVERAGE (Total Score/25)						

Safety/Health		1	2	3	4	5
1.	I know the difference between a friend and an acquaintance.	1	2	3	4	5
2.	I know who I should and should not share personal information with.	1	2	3	4	5
3.	I navigate the community without assistance (i.e., can walk safely through traffic, and is able to cross public streets of all designs).	1	2	3	4	5
4.	I know when I am sick or hurt and when I need to see a doctor or seek assistance.	1	2	3	4	5
5.	I know when there is an emergency and who to call.	1	2	3	4	5
6.	I exercise and eat a nutritionally balanced diet in order to stay healthy.	1	2	3	4	5
SUMMATIVE SCORE						
TOTAL SCORE						
AVERAGE (Total Score/30)						

Stress		1	2	3	4	5
1.	I recognize when I am stressed.	1	2	3	4	5
2.	I engage in activities to reduce stress. (i.e., physical exercise, improved time management, relaxation techniques and other wellness activities).	1	2	3	4	5
3.	I can handle a crisis situation and can move beyond it.	1	2	3	4	5
4.	I accept help from others.	1	2	3	4	5
5.	I am able to self-regulate using strategies to help me calm when there is a problem.	1	2	3	4	5
SUMMATIVE SCORE						
TOTAL SCORE						
AVERAGE (Total Score/25)						

Personal Insight		1	2	3	4	5
1.	I have personal goals and a plan to reach those goals.	1	2	3	4	5
2.	I know what I want to do after high school.	1	2	3	4	5
3.	I try new things.	1	2	3	4	5
4.	I am generally flexible and accommodating when change happens.	1	2	3	4	5
5.	I take responsibility for myself.	1	2	3	4	5
6.	I understand my disability.	1	2	3	4	5
7.	I know when and who I should disclose my disability information to.	1	2	3	4	5
SUMMATIVE SCORE						
TOTAL SCORE						
AVERAGE (Total Score/35)						

Area Summary			
Transfer Average from each area.			
	Q1	Q2	Q3
Academics			
Independent Living			
Socialization			
Safety/Health			
Sexuality			
Stress			
Personal Insight			

Prioritization of Areas			
Using scores from the Area Summary, identify 3 highest need areas to work on during quarter.			
	Q1	Q2	Q3
1.			
2.			
3.			

Notes:

Student Name:

Academics

Summary of Student Strengths (rating of 4 or 5):

Summary of Student Needs (rating of 1 -3):

Strategies

Summary of supports:

Independent Living

Summary of Student Strengths (rating of 4 or 5):

Summary of Student Needs (rating of 1 -3):

Strategies

Summary of supports:

Socialization

Summary of Student Strengths (rating of 4 or 5):

Summary of Student Needs (rating of 1 -3):

Strategies

Summary of supports:

Safety/Health

Summary of Student Strengths (rating of 4 or 5):

Summary of Student Needs (rating of 1 -3):

Strategies

Summary of supports:

Sexuality

Summary of Student Strengths (rating of 4 or 5):

Summary of Student Needs (rating of 1 -3):

Strategies

Summary of supports:

Stress

Summary of Student Strengths (rating of 4 or 5):

Summary of Student Needs (rating of 1 -3):

Strategies

Summary of supports:

Personal Insight

Summary of Student Strengths (rating of 4 or 5):

Summary of Student Needs (rating of 1 -3):

Strategies

Summary of supports:



Illinois Center for Specialized Professional Support,
Illinois State University, College of Education

<http://icsps.illinoisstate.edu>

autismcollegeandcareer.com

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