CALI – Functional Skills for Independence Domain: Self-Determination  
Scoring Protocol ­­― Level 2

| Learner’s name: | Age: | | DOB: |
| --- | --- | --- | --- |
| Setting: | | | |
| Name of Assessor: | | Dates: | |

Directions

* Administer the items as indicated in the Administration Guide for the domain *Self-Determination*
* It may not be necessary to administer certain items if the learner has been observed to demonstrate the particular skill in the natural environment, or if a given section is not required to inform programming. If applicable, record it accordingly in the Notes column.

Scoring

Questionnaire

* The parent/guardian and teacher/caregiver will choose from the following options:
  + Independently: the learner demonstrates the skill independently, without support or reminders;
  + With support: the learner demonstrates the skill, but needs assistance to do so;
  + Does not demonstrate: the learner does not demonstrate the skill even with support.
* The teacher/caregiver can check the box “Requires confirmation” if they are uncertain or have never observed the learner demonstrate a particular skill.
* Review and compare the questionnaires. Follow up with the parent/guardian and teacher/caregiver if needed.
* Confirmation: for items requiring confirmation, observe the learner as they demonstrate the skill.
  + Indicate “Y” if the learner demonstrates the skill in their natural environment.
  + Indicate “N” if the learner does not demonstrate the skill in their natural environment.
  + Leave the box blank if the skill was not observed.

Notes

* Record observations such as the learner’s strengths and challenges, specific materials used to assess the item, behaviour, information about the type of support required for the learner to demonstrate the skill, and other relevant information.

Parent/Guardian Questionnaire

10.1 Self-Determination

| Learner’s name: | Age: | | DOB: |
| --- | --- | --- | --- |
| Respondent’s name: | | Relationship to learner: | |

Please read each sentence and mark the response that best matches what the learner typically does (i.e., what they *generally do* rather than what they *can do*). Use the “Notes” section to provide further clarification as needed. Place a checkmark in the appropriate column.

* **Independently**: the learner demonstrates the skill independently, without support or reminders
* **With support**: the learner demonstrates the skill, but needs assistance to do so
* **Does not demonstrate**: the child does not demonstrate the skill even with support
* **Confirmation**: the assessor will confirm (“Y”) or disconfirm (“N”) the learner’s mastery of the competency by obtaining further information or by observing the learner in another context and will leave the box blank if an observation was not conducted to confirm the skill.
* If the item is **not applicable**, write N/A next to it.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10.1.1 Decision-Making | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Understand the difference between big and small decisions |  |  |  |  |  |
| Identify decisions that need to be made |  |  |  |  |
| Identify who needs to be involved in the decision making |  |  |  |  |
| Provide potential solutions to problems |  |  |  |  |
| Identify the strengths and barriers of each solution |  |  |  |  |
| Choose a solution |  |  |  |  |
| Evaluate whether the solution went as expected |  |  |  |  |
| Change the decision if necessary |  |  |  |  |
| 10.1.2 Self-Advocacy | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Identify own interests, strengths and preferences |  |  |  |  |  |
| Identify own goals and dreams |  |  |  |  |
| Identify when accommodations and support are needed for learning |  |  |  |  |
| Identify environmental needs (quiet place, position in class) |  |  |  |  |
| Understand the characteristics of their disability |  |  |  |  |
| Understand body language |  |  |  |  |
| Demonstrate an understanding of assertiveness |  |  |  |  |
| Knows how to reformulate what their asserter is saying in their own words and verbalize them to demonstrate their understanding |  |  |  |  |
| Use appropriate paralinguistic elements (phonation, tone) |  |  |  |  |
| Demonstrate appropriate nonverbal behaviours (body language) |  |  |  |  |
| Demonstrate listening skills |  |  |  |  |
| Demonstrate the ability to negotiate |  |  |  |  |
| Demonstrate the ability to compromise |  |  |  |  |
| Understand basic human rights |  |  |  |  |
| Demonstrate the ability to express their own rights |  |  |  |  |
| Demonstrate an understanding of the goals in their Personalized Learning Plan |  |  |  |  |
| 10.1.3 Personal Assistive Devices – Self Care | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Know the purpose and reason for the assistive device |  |  |  |  |  |
| Know when to use the assistive device in class to support learning |  |  |  |  |
| Request/reach/look for the device when needed |  |  |  |  |
| Know how to position or carry the assistive device |  |  |  |  |
| Know how to care for the device to avoid damage |  |  |  |  |
| Know how the assistive device is stored / taken apart to be protected when not in use |  |  |  |  |
| Know how to assemble or prepare the assistive device for use |  |  |  |  |
| Know how the assistive device should be charged |  |  |  |  |
| Recognize when to charge the battery of the assistive device |  |  |  |  |
| Know how to plug in the assistive device for charging |  |  |  |  |
| Know how to clean and perform regular maintenance on the assistive device |  |  |  |  |
| Recognize and report when the device is in need of repair |  |  |  |  |
| 10.1.4 Goal-Setting | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Differentiate between short term and long term goals |  |  |  |  |  |
| Understand personal strengths and interests |  |  |  |  |
| Understand personal limits |  |  |  |  |
| Know how to identify and choose a realistic goal |  |  |  |  |
| Write a goal in clear and specific language |  |  |  |  |
| Determine the steps needed to reach a goal (action plan) |  |  |  |  |
| Evaluate the progress of a goal |  |  |  |  |
| Revise a goal as necessary |  |  |  |  |
| 10.1.5 Problem-Solving | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Identify problems that need to be solved |  |  |  |  |  |
| Identify possible solutions to problems |  |  |  |  |
| Identify consequences of the possible solutions |  |  |  |  |
| Choose the best solution |  |  |  |  |
| Evaluate the actions taken |  |  |  |  |
| 10.1.6 Choice-Making | | | | | |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Identify preferences for leisure activities |  |  |  |  |  |
| Make choices to participate in preferred leisure activities |  |  |  |  |
| Identify preferences for items while shopping (food, clothing, toiletries, etc.) |  |  |  |  |
| Identify preferred foods needed to prepare a healthy meal |  |  |  |  |
| Make lifestyle choices |  |  |  |  |

Caregiver/Teacher Questionnaire

10.1 Self-Determination

| Learner’s name: | Age: | | DOB: |
| --- | --- | --- | --- |
| Respondent’s name: | | Relationship to learner: | |

Please read each sentence and mark the response that best matches what the learner typically does (i.e., what they *generally do* rather than what they *can do*). Use the “Notes” section to provide further clarification as needed. Place a checkmark in the appropriate column.

* **Independently**: the learner demonstrates the skill independently, without support or reminders
* **With support**: the learner demonstrates the skill, but needs assistance to do so
* **Does not demonstrate**: the child does not demonstrate the skill even with support
* **Requires confirmation**: the caregiver/teacher is unsure about the learner’s ability to demonstrate the skill
* **Confirmation**: the assessor will confirm (“Y”) or disconfirm (“N”) the learner’s mastery of the competency by obtaining further information or by observing the learner in another context and will leave the box blank if an observation was not conducted to confirm the skill.
* If the item is **not applicable**, write N/A next to it.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 10.1.1 Decision-Making | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Understand the difference between big and small decisions |  |  |  |  |  |  |
| Identify the decisions that needs to be made |  |  |  |  |  |
| Identify who needs to be involved in the decision making |  |  |  |  |  |
| Provide potential solutions to problems |  |  |  |  |  |
| Identify the strengths and barriers of each solution |  |  |  |  |  |
| Choose a solution |  |  |  |  |  |
| Evaluate whether the solution went as expected |  |  |  |  |  |
| Change the decision if necessary |  |  |  |  |  |
| 10.1.2 Self-Advocacy | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Identify interests, strengths and preferences |  |  |  |  |  |  |
| Identify goals and dreams |  |  |  |  |  |
| Identify when accommodations and support are needed |  |  |  |  |  |
| Identify environmental needs (quiet place, position in class) |  |  |  |  |  |
| Understand the characteristics of their disability |  |  |  |  |  |
| Understand body language |  |  |  |  |  |
| Demonstrate an understanding of assertiveness |  |  |  |  |  |
| Knows how to reformulate what their asserter is saying in their own words and verbalize them to demonstrate their understanding |  |  |  |  |  |
| Use appropriate paralinguistic elements (phonation, tone) |  |  |  |  |  |
| Demonstrate appropriate nonverbal behaviours (body language) |  |  |  |  |  |
| Demonstrate listening skills |  |  |  |  |  |
| Demonstrate the ability to negotiate |  |  |  |  |  |
| Demonstrate the ability to compromise |  |  |  |  |  |
| Understand basic human rights |  |  |  |  |  |
| Demonstrate the ability to express their own rights |  |  |  |  |  |
| Demonstrate an understanding of the goals in their PLP |  |  |  |  |  |
| 10.1.3 Personal Assistive Devices – Self Care | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
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| Know when to use the assistive device in class to support learning |  |  |  |  |  |
| Request/reach/look for the device when needed |  |  |  |  |  |
| Know how to position or carry the assistive device |  |  |  |  |  |
| Know how to care for the device to avoid damage |  |  |  |  |  |
| Know how the assistive device is stored / taken apart to be protected when not in use |  |  |  |  |  |
| Know how to assemble or prepare the assistive device for use |  |  |  |  |  |
| Know how the assistive device should be charged |  |  |  |  |  |
| Recognize when to charge the battery of the assistive device |  |  |  |  |  |
| Know how to plug in the assistive device for charging |  |  |  |  |  |
| Know how to clean and perform regular maintenance on the assistive device |  |  |  |  |  |
| Recognize and report when the device is in need of repair |  |  |  |  |  |
| 10.1.4 Goal-Setting | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
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| Write a goal in clear and specific language |  |  |  |  |  |
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| Revise a goal as necessary |  |  |  |  |  |
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| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Identify problems that need to be solved |  |  |  |  |  |  |
| Identify possible solutions to problems |  |  |  |  |  |
| Identify consequences of the possible solutions |  |  |  |  |  |
| Choose the best solution |  |  |  |  |  |
| Evaluate the actions taken to solve a problem |  |  |  |  |  |
| 10.1.6 Choice-Making | | | | | | |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
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| Make choices to participate in preferred leisure activities |  |  |  |  |  |
| Identify preferences for items while shopping (food, clothing, toiletries, etc.) |  |  |  |  |  |
| Identify preferred foods needed to prepare a healthy meal |  |  |  |  |  |
| Make lifestyle choices |  |  |  |  |  |