CALI – Functional Skills for Independence Domain: Self-Determination
Scoring Protocol ­­― Level 3

| 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.
* The learner will choose from the following options:
	+ Yes:you demonstrate the skill independently, without support or reminders
	+ No: you do not demonstrate the skill
	+ With support**:** you demonstrate the skill, but need assistance to do so
	+ Unsure: you are unsure of your ability to do this
* 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.

Interview

* Record responses in the scoring protocol.
* Confirmation: for skills, evaluated through an interview, that require further assessment or observation to obtain a more complete picture of the learner’s capabilities, observe the learner in their natural environment or set up an opportunity to observe them demonstrate a particular skill. If such an observation is impossible, seek further information from an individual who has observed the learner demonstrate the skill.

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.

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| --- |
| 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 |  |  |  |  |
| Adjust the action plan as needed |  |  |  |  |
| 10.1.6 Choice-Making |
| Does your child? | Independently | With Support | Does not demonstrate | Completed by evaluator: Confirmation | Notes |
| Identify preferences for enjoyable leisure activities  |  |  |  |  |  |
| Make choices to participate in preferred leisure activities  |  |  |  |  |
| Identify preferences for items while shopping such as food, clothing, toiletries, etc. |  |  |  |  |
| Make intentional purchases for preferred items when shopping |  |  |  |  |
| Identify preferred foods needed to prepare a healthy meal |  |  |  |  |
| Purchase food for breakfast, lunch and dinner |  |  |  |  |
| Make lifestyle choices |  |  |  |  |
| Make choices regarding employment  |  |  |  |  |

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 |
| 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 the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | 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 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 |  |  |  |  |  |
| Adjust the action plan as needed |  |  |  |  |  |
| 10.1.6 Choice-Making |
| Does the learner? | Independently | With Support | Does not demonstrate | Requires confirmation | Completed by evaluator: Confirmation | Notes |
| Identify preferences for enjoyable leisure activities  |  |  |  |  |  |  |
| Make choices to participate in preferred leisure activities  |  |  |  |  |  |
| Identify preferences for items while shopping such as food, clothing, toiletries, etc. |  |  |  |  |  |
| Make intentional purchases for preferred items when shopping |  |  |  |  |  |
| Identify preferred foods needed to prepare a healthy meal |  |  |  |  |  |
| Purchase food for breakfast, lunch and dinner |  |  |  |  |  |
| Make lifestyle choices |  |  |  |  |  |
| Make choices regarding employment  |  |  |  |  |  |

Learner Interview

Self-Determination

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

10.1.1 Decision-Making

Tell me about a problem you faced or a decision you had to make. How did you solve that problem or make that decision? How did you know your solution was going to work or that you had made the right decision?

10.1.2 Self-Advocacy

What types of things are you interested in (e.g., favourite activities, collections, etc.)?

What are you good at (strengths)? What is hard for you (challenges)?

What are your hopes or dreams for the future?

What do you know about (name disability) and how it affects you?

Tell me about the things that help you learn? Do you tell your teachers about these things or ask for them in the classroom?

10.1.3 Personal Assistive Devices – Self Care

Tell me how you use and care for your (name assistive device)?

10.1.4 Goal-Setting

Have you set any goals for yourself? Tell me about your plan to achieve your goals.

Learner Questionnaire

10.1 Self-Determination

| Learner’s name: | Age: | DOB: |
| --- | --- | --- |

Please read each phrase and mark the response that best matches what you typically do (note: not what you *can* do, but what you *typically do).*  Use the Notes section to provide further clarification as needed. Place a checkmark in the appropriate column.

 **Yes**:you demonstrate the skill independently, without support or reminders

 **With support:** you demonstrate the skill, but need assistance to do so

 **No**: you do not demonstrate the skill

 **Unsure**: you are unsure of your ability to do this

|  |
| --- |
| 10.1.1 Decision-Making |
| Do you? | Yes | With Support | No | Unsure | Notes |
| Know when you have to make a decision  |  |  |  |  |  |
| Know who needs to help you with a decision  |  |  |  |  |
| Make a list of possible solutions when you have a problem  |  |  |  |  |
| Identify the positive and negative associated with each solution  |  |  |  |  |
| Choose a solution based on what you think is best |  |  |  |  |
| Think about whether the solution worked  |  |  |  |  |
| Change your decision if necessary  |  |  |  |  |
| 10.1.2 Self-Advocacy |
| Do you? | Yes | With Support | No | Unsure | Notes |
| Know when you need help and support to complete tasks and learn new things |  |  |  |  |  |
| Understand gestures and other body movements people use when talking to you  |  |  |  |  |
| Know how to stand up for yourself  |  |  |  |  |
| Use the right words to say what you mean when talking to others  |  |  |  |  |
| Use gestures and other body movements to share information when talking to others  |  |  |  |  |
| Know how your gestures and other body movements are understood by others  |  |  |  |  |
| Listen to others and understand what they say  |  |  |  |  |
| Negotiate with others  |  |  |  |  |
| Compromise  |  |  |  |  |
| Know your basic human rights  |  |  |  |  |
| Know how to express your rights  |  |  |  |  |
| Know and understand the goals in your personal learning plan (PLP)  |  |  |  |  |
| 10.1.3 Personal Assistive Devices – Self Care |
| Do you? | Yes | With Support | No | Unsure | Notes |
| Know the purpose and reason for your (name of device) |  |  |  |  |  |
| Know when to use your device in class to help you learn |  |  |  |  |
| Request or look for the device when you need it  |  |  |  |  |
| Know how to carry the device |  |  |  |  |
| Know how to care for the device to avoid damage  |  |  |  |  |
| Know how to store the device and take it apart so it is protected when not in use  |  |  |  |  |
| Know how to set up the device for use  |  |  |  |  |
| Know how to charge the device  |  |  |  |  |
| Know when to charge the battery  |  |  |  |  |
| Know how to plug the device in for charging |  |  |  |  |
| Know how to clean and take care of the device  |  |  |  |  |
| Know when the device is not working properly and who to tell  |  |  |  |  |
| 10.1.4 Goal-Setting |
| Do you? | Yes | With Support | No | Unsure | Notes |
| Know the difference between short term and long term goals  |  |  |  |  |  |
| Know your strengths and interests  |  |  |  |  |
| Understand your personal limits  |  |  |  |  |
| Know how to identify and choose a realistic goal  |  |  |  |  |
| Write goals in clear language so that you and others understand them  |  |  |  |  |
| Determine the steps needed to reach your goals (do you develop an action plan)  |  |  |  |  |
| Evaluate the progress of your goal  |  |  |  |  |
| Change the goal if necessary  |  |  |  |  |
| 10.1.5 Problem-Solving |
| Do you? | Yes | With Support | No | Unsure | Notes |
| Identify when you have a problem that needs to be solved |  |  |  |  |  |
| Identify a number of possible solutions for your problems |  |  |  |  |
| Identify consequences to possible solutions |  |  |  |  |
| Choose the best solution |  |  |  |  |
| Evaluate the actions taken to solve a problem |  |  |  |  |
| Adjust action plan as needed |  |  |  |  |
| 10.1.6 Choice-Making |
| Do you? | Yes | With Support | No | Unsure | Notes |
| Identify preferences for enjoyable leisure activities  |  |  |  |  |  |
| Make choices to participate in preferred leisure activities  |  |  |  |  |
| Identify preferences for items while shopping such as food, clothing, toiletries, etc. |  |  |  |  |
| Make purchases for preferred items when shopping |  |  |  |  |
| Identify preferred foods needed to prepare a healthy meal |  |  |  |  |
| Purchase food for breakfast, lunch and dinner |  |  |  |  |
| Make lifestyle choices |  |  |  |  |
| Make choices regarding employment  |  |  |  |  |