

AIR Self-Determination Scale®

PARENT FORM

Student's Name _____

Date _____

School Name _____

Parent's Name _____

HOW TO FILL OUT THIS FORM

Please answer these questions about how your child goes about getting what he or she wants or needs. This may occur at school, or after school, or it could be related to your child's friends, other family members, a job or hobby.

This is not a Test. There are no right or wrong answers. The questions will help us learn about your child's strengths and areas where your child may need help.

Goal A goal is something your child wants to get or achieve, either now or next week or in the distant future. Your child can have many different kinds of goals. Your child could have a goal that has to do with school (like getting a good grade on a test or graduating from high school). Your child could have a goal that has to do with getting along better with friends or family (like making his mom proud). Your child 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 child's goals are different because each person has different things that they want or need or that they are good at.

Plan A plan is the way your child decides to meet his or her goal, or the steps your child needs to take in order to get what (s)he wants or needs. Like goals, your child 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

After completing a project, my child checks for errors.

EXAMPLE ANSWER

Circle the number of the answer that tells what your child is most like.

Circle ONLY ONE number.

1. Never.....My child **never checks for errors** after completing a project.
2. Almost Never.....My child **almost never checks for errors** after completing a project.
3. Sometimes.....My child **sometimes checks for errors** after completing a project.
4. Almost Always....My child **almost always checks for errors** after completing a project.
5. Always..... My child **always checks for errors** after completing a project.

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 MY CHILD DOES

1. My child knows what (s)he needs, likes, and is good at.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
2. My child sets his or her own goals to satisfy wants or needs. (S)he thinks about his or her own abilities when setting goals.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
Things My Child Does– Total Items 1 + 2					
3. My child figures out how to meet goals alone. (S)he makes plans and decides what to do independently.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
4. My child begins work on plans to meet his or her goals as soon as possible.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
Things My Child Does – Total Items 3 + 4					
5. My child checks his or her own progress when completing his or her plan. (S)he asks others what they think of his or her progress.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
6. If my plan doesn't work, my child tries another one to meet my goals.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
Things My Child Does – Total Items 5 + 6					

Please go on to the next page ⇒

WHAT HAPPENS AT HOME

1. At home, people listen when my child talks about what (s)he wants and is good at.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
2. At home, people let my child know that (s)he can set his or her own goals to get what (s)he wants or needs.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
What Happens at School – Total Items 1 + 2					
3. At home, my child has learned how to make plans to meet his or her own goals and to feel good about them.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
4. At home, my child is allowed to act on his or her plans right away.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
What Happens at School – Total Items 3 + 4					
5. At home, my child has someone to tell him or her when (s)he is meeting his or her own goals.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
6. At home, people understand my child when (s)he has to change plans to meet his or her own goals. They offer advice and encouragement.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
What Happens at School – Total Items 5 + 6					

Please go on to the next page ⇒

WHAT HAPPENS AT SCHOOL

1. At school, people listen when my child talks about what (s)he wants and is good at.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
2. At school, people let my child know that (s)he can set his or her own goals to get what (s)he wants or needs.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
What Happens at School – Total Items 1 + 2					
3. At school, my child has learned how to make plans to meet his or her own goals and to feel good about them.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
4. At school, my child is allowed to act on his or her plans right away.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
What Happens at School – Total Items 3 + 4					
5. At school, my child has someone to tell him or her when (s)he is meeting his or her own goals.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
6. At school, people understand my child when (s)he has to change plans to meet his or her own goals. They offer advice and encouragement.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
What Happens at School – Total Items 5 + 6					

Please go on to the next page ⇒

PLEASE WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS...

Give an example of a goal your child is working on now.

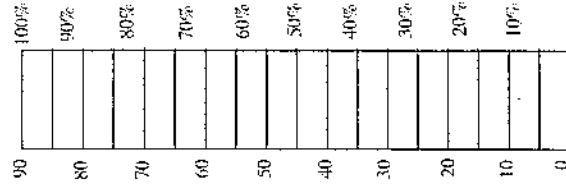
What are your child doing to reach this goal?

How is your child doing in reaching this goal?

THANK YOU!

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 HO23J2000.

The AIR Self-Determination Profile Parent Form



Items	Think Do Adjust			Think Do Adjust			Think Do Adjust		
	1-2	3-4	5-6	1-2	3-4	5-6	1-2	3-4	5-6
10									
9									
8									
7									
6									
5									
4									
3									
2									
1									
0									

Total

What Happens at
School



+

What Happens at
Home



+

Things My Child
Does



=

Level of Self-Determination

(Write sum in box and mark column)

Student's Name _____ Date _____