|  |  |  |  |
| --- | --- | --- | --- |
| 3 | 2 | 1 | 1. I know I have an IEP.
 |
| 3 | 2 | 1 | 1. I know my IEP goals.
 |
| 3 | 2 | 1 | 1. I know my accommodations
 |
| 3 | 2 | 1 | 1. I know I have difficulty learning some things.
 |
| 3 | 2 | 1 | 1. I attend my IEP meetings.
 |
| 3 | 2 | 1 | 1. I talk in my IEP meetings
 |
| 3 | 2 | 1 | 1. I ask for help from teachers when I need it.
 |
| 3 | 2 | 1 | 1. I know what I need, what I like and what I

 enjoy doing. |
| 3 | 2 | 1 | 1. At school, my teachers listen to me when I

 talk about what I want or need. |
| 3 | 2 | 1 | 1. At home , my parents listen to me when I talk

 about what I want or need. |
| 3 | 2 | 1 | 1. I can describe my learning difficulties to

 others. |
| 3 | 2 | 1 | 1. I make good choices at school.
 |
| 3 | 2 | 1 | 1. I make friends with my classmates.
 |
| 3 | 2 | 1 | 1. I believe that working hard in school will

 help me to get a good job. |
| 3 | 2 | 1 | 1. I have learned about different disabilities.
 |

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Use the following scale to rate the statements below:**

**3 Almost always/most of the time**

**2 Sometimes**

**1 Rarely or never**