

AIR Self-Determination Scale®

STUDENT FORM

Student's Name Jacob W. Date _____

School Name HHS Your Grade 11TH

Your Date of Birth _____
Month Day Year

HOW TO FILL OUT THIS FORM

Please answer these questions about how you go about getting what you want or need. This may occur at school, or after school, or it could be related to your friends, your family, or a job or hobby you have.

This is not a Test. There are no right or wrong answers. The questions will help you learn about what you do well and where you may need help.

Goal You may not be sure what some of the words in the questions mean. For example, the word **goal** is used a lot. A **goal is something you want to get or achieve**, either now or next week or in the distant future, like when you are an adult. You can have many different kinds of goals. You could have a goal that has to do with school (like getting a good grade on a test or graduating from high school). You 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 person's goals are different because each person has different things that they want or need or that they are good at.

Plan Another word that is used in some of the questions is **plan**. A **plan is the way you decide to meet your goal, or the steps you need to take in order to get what you want or need**. Like goals, you 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.

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HOW TO MARK YOUR ANSWERS

EXAMPLE QUESTION:

I check for errors after completing a project.

EXAMPLE ANSWER:

Circle the number of the answer which tells what you are most like:
(Circle **ONLY ONE** number).

- 1 **Never**.....student **never** checks for errors.
- 2 **Almost Never**.....student **almost never** checks for errors.
- 3 **Sometimes**.....student **sometimes** checks for errors.
- 4 **Almost Always**.....student **almost always** checks for errors.
- 5 **Always**.....student **always** checks for errors.

REMEMBER

There are NO right or wrong answers.

This will not affect your grade. So please think about each question carefully before you circle your answer.

THINGS I DO

1. I know what I need, what I like, and what I'm good at.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input checked="" type="checkbox"/> 4	Always <input type="checkbox"/> 5
2. I set goals to get what I want or need. I think about what I am good at when I do this.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input checked="" type="checkbox"/> 4	Always <input type="checkbox"/> 5
Things I Do – Total Items 1 + 2					8
3. I figure out how to meet my goals. I make plans and decide what I should do.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input checked="" type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
4. I begin working on my plans to meet my goals as soon as possible.	Never <input type="checkbox"/> 1	Almost Never <input checked="" type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
Things I Do – Total Items 3 + 4					5
5. I check how I'm doing when I'm working on my plan. If I need to, I ask others what they think of how I'm doing.	Never <input type="checkbox"/> 1	Almost Never <input checked="" 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, I try another one to meet my goals.	Never <input checked="" 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 I Do – Total Items 5 + 6					3

Please go on to the next page ⇒

HOW I FEEL

1. I feel good about what I like, what I want, and what I need to do.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input checked="" type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
2. I believe that I can set goals to get what I want.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input checked="" type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
How I Feel – Total Items 1 + 2					4
3. I like to make plans to meet my goals.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input checked="" type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
4. I like to begin working on my plans right away.	Never <input type="checkbox"/> 1	Almost Never <input checked="" type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
How I Feel – Total Items 3 + 4					5
5. I like to check on how well I'm doing in meeting my goals.	Never <input checked="" 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. I am willing to try another way if it helps me to meet my goals.	Never <input type="checkbox"/> 1	Almost Never <input checked="" type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
How I Feel – Total Items 5 + 6					3

Please go on to the next page ⇒

WHAT HAPPENS AT HOME

1. People at home listen to me when I talk about what I want, what I need, or what I'm good at.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input checked="" type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
2. People at home let me know that I can set my own goals to get what I want or need.	Never <input checked="" 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 Home – Total Items 1 + 2					4
3. At home, I have learned how to make plans to meet my goals and to feel good about them.	Never <input type="checkbox"/> 1	Almost Never <input checked="" type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
4. People at home encourage me to start working on my plans right away.	Never <input checked="" 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 Home – Total Items 3 + 4					3
5. I have someone at home who can tell me if I am meeting my goals.	Never <input type="checkbox"/> 1	Almost Never <input checked="" type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
6. People at home understand when I have to change my plan to meet my goals. They offer advice and encourage me when I'm doing this.	Never <input checked="" 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 Home – Total Items 5 + 6					3

Please go on to the next page ⇒

WHAT HAPPENS AT SCHOOL

1. People at school listen to me when I talk about what I want, what I need, or what I'm good at.	Never <input type="checkbox"/> 1	Almost Never <input type="checkbox"/> 2	Sometimes <input checked="" type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
2. People at school let me know that I can set my own goals to get what I want or need.	Never <input checked="" 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

4

3. At school, I have learned how to make plans to meet my goals and to feel good about them.	Never <input type="checkbox"/> 1	Almost Never <input checked="" type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
4. People at school encourage me to start working on my plans right away.	Never <input type="checkbox"/> 1	Almost Never <input checked="" 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

4

5. I have someone at school who can tell me if I am meeting my goals.	Never <input type="checkbox"/> 1	Almost Never <input checked="" type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Almost Always <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
6. People at school understand when I have to change my plan to meet my goals. They offer advice and encourage me when I'm doing this.	Never <input checked="" 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

3

Please go on to the next page ⇒

PLEASE WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS...

Give an example of a goal you are working on.

I am trying to get my drivers license

What are you doing to reach this goal?

I am practicing driving with my dad
on the weekends.

How well are you doing in reaching this goal?

not very good, my dad says I need
a lot of help. I also need to pass the
written test too.

THANK YOU!

Capacity

Things I Do

How I Feel

The AIR Self-Determination Profile

Student Form

OPPORTUNITY

@ School

@ Home

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

Total 8 5 3 Things I Do \Downarrow 14

Total 6 5 3 How I Feel \Downarrow 14

Items	What Happens at School			What Happens at Home		
	Think 1-2	Do 3-4	Adjust 5-6	Think 1-2	Do 3-4	Adjust 5-6
10						
9						
8						
7						
6						
5						
4						
3						
2						
1						
0						

Total 4 4 3 What Happens at School \Downarrow 11

Total 4 3 3 What Happens at Home \Downarrow 10

\Downarrow

45
Capacity

+

21
Opportunity

=

66
Level of Self-Determination

Name Jacob W.

Date _____

(Write sum in box and mark in column)