

















Self-Assessment of Skills and Goal Setting

Name _____

Date _____

Please circle the easy button if the skill is easy for you to complete. If you think you need some help to do the skill circle the help button.

Skill	Easy	Help
Keeping my school materials organized		
Keeping track of my daily assignments		
Starting and doing my homework independently		
Understanding the teacher's directions		
Getting started on my work at school		
Remembering the teacher's directions		
Asking for help		

Which of the **Help** skills do you want to work on together? _____