

INTERVENTION AND REFERRAL SERVICES
SAMPLE STUDENT SELF-ASSESSMENT SHEET

Confidential

Student Name: _____ Date: _____

Check the column that most NEARLY applies to how you view yourself. There are no right or wrong choices, so check what you REALLY do.

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Hardly Ever</i>	<i>Never</i>
Volunteer in class					
Demonstrate appropriate hall behavior					
Arrive to class on time					
Do what I'm told					
Behave for substitute teachers					
Talk in class					
Write on desks					
Lean back in chairs					
Chew gum in class					
Throw objects in class					
Hit or fight with other students					
Have all materials for class					
Help teacher when asked					
Respectful toward others					
Pay attention in class					
Clean up desk area					
Accept extra duties in class					
Use lavatory time properly					
Turn in found objects to teacher or office					
Obey the bus driver/crossing guard					
Copy work from others					
Use abusive language					
Destroy property					
Take responsibility for my actions					
Seek help when needed					
Break school rules					