

# Response To Intervention Student Self-Assessment

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

**Things I do well:** (Check all that apply)

- I have a positive attitude
- I deal with conflict well
- I work well by myself
- I am responsible
- I am motivated to do a good job
- People can trust me
- I am respectful
- I am organized
- I am a hard worker
- I work well in groups
- I cooperate with others
- I finish my work

I am especially good at: \_\_\_\_\_.

**I have difficulty:** (Check all that apply)

- Getting good grades
- Remembering things
- Math
- Working with others
- Finishing my work
- Writing assignments
- Studying for tests
- Getting along with others
- Following directions
- Reading
- Working by myself
- Taking turns

**Behaviors I need help to stop:** (Check all that apply.)

- Giving up easily
- Being shy
- Destroying property
- Saying mean things
- Being late or absent
- Getting mad easily
- Arguing
- Physically hurting people
- Being easily distracted
- Annoying people
- Bullying others
- Stealing, cheating, lying

**Other things you should know about me:**

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