**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessing use of Self-Management Skills**

Knowing and applying appropriate rules or operating procedures of groups of people.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes**  **3** | **Almost**  **2** | **No**  **1** |
| **Spatial Awareness**  I keep my body in its own space and under control. |  |  |  |
| **Time Management**  I use my time wisely. |  |  |  |
| **Informed Choices**  I think before I act. |  |  |  |
| **Healthy Lifestyle**  I make good choices throughout the day. |  |  |  |
| **Organization**  I keep my thinking and materials organized. |  |  |  |
| **Safety**  I make personal choices that avoid placing myself or others in danger or at risk. |  |  |  |

|  |  |  |
| --- | --- | --- |
| **If I scored 16-18:**   * I am excelling. * I have a deep understanding of this skill. * I am exceptional at this skill. * I apply this skill to new situations. | **If I scored 13-15:**   * I am achieving. * I understand this skill. * I have a high level. of this skill. * I can apply this skill in most situations. | **If I scored 9-12:**   * I am developing. * I am developing my understanding of this skill. * I have an adequate level of this skill. * I sometimes need support. |