

## Self-Determination Overview, Self-Awareness, and Self-Efficacy

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Information, support, and education

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## Ground Rules

- 📷 Cameras on when possible
- ✋ Use chat or raise hand to talk (Zoom or actual hand)
- 👂 Listen to better understand
- ❓ Ask questions

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## Introductions in Chat

Your Name



Town You Live In



Favorite thing to do in your spare  
time



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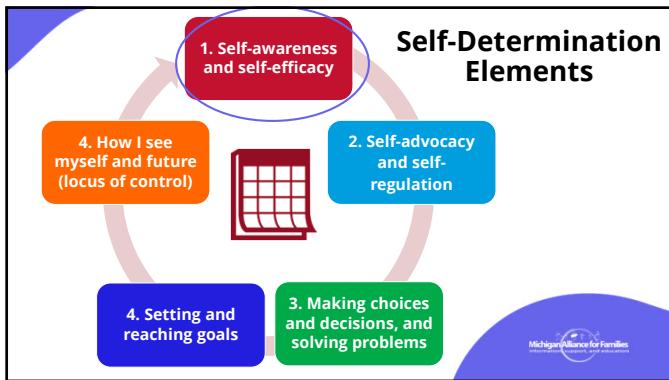
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## What We Will Do Today

- Talk about self-determination, self-awareness and self-confidence (also called self-efficacy)
- Answer questions in chat
- Watch one or more videos
- Get practice activities to do before next time

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## Self-determination means...

- A. Waiting for my parents or teachers to tell me what to do.
- B. Getting help from other people I trust then making my own decision, never needing help.
- C. I should never need help in making decisions.



(Put A, B, or C for your answer in the chat)

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## Self-Determination



Knowing what I need to be in control of **ME** and the decisions **I** make!

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## Self-Determination



Knowing what **I want** in the future and how to plan for it to happen.

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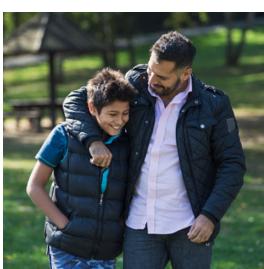
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## Self-Determination



Knowing what I **need** for **support** to take control of my life.

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**Where can we be self-determined?**

- Home
- School
- Work
- Healthcare
- Community
- Relationships

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**We use self-determination  
EVERYWHERE!**

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**Self-Awareness and Thoughts**

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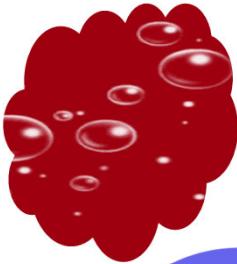
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## Thoughts

Our **thoughts** help us be more self-aware

Thoughts are like bubbles that pop in and out of our heads with ideas, memories, feelings, and actions



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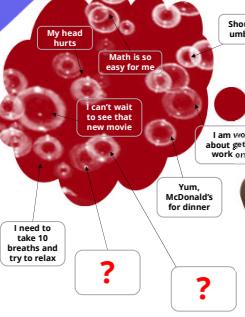
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## Thinking



Here are some thoughts popping in and out of his head...

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## Knowing about Me

I know myself better when I **think** about...

- What I am feeling
- What I like to do (my interests)
- What I am good at (my strengths)
- What I need to work on (my areas to grow)
- What supports I need
- How my disability might make some things harder
- How my actions can affect others



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## Other people...

- A. Always have the same thoughts as me
- B. Always have different thoughts than me
- C. Can have the same or different thoughts than me

(Put A, B, or C in chat!)



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## My Thoughts-Your Thoughts

- I have [my own](#) thoughts
- Other people have [their own](#) thoughts
- Sometimes we have the [same thoughts](#)
- Many times, we have [different thoughts](#)



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## My Thoughts-Your Thoughts

- I like pizza with only pepperoni



- I don't like to play Mario



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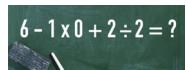
## My Thoughts-Your Thoughts

- I love to make a snowman
- Math is so easy for me



- Math is so easy for me


$$6 - 1 \times 0 + 2 \div 2 = ?$$



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## Are thoughts mostly about...

- A. The past
- B. The present
- C. The future
- D. The past, present, and future



**(Put A, B, C, or D in chat!)**



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# Your SPIN

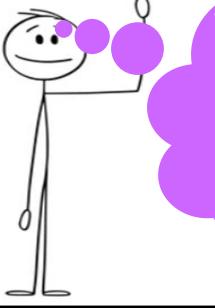


**SPIN=**  
**S**trengths  
**P**references  
**I**nterests  
**N**eeds



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## Thinking about our SPIN



**Thinking about your:**

- Strengths
  - What I am good at
- Preferences
  - What helps me do better or be successful
- Interests
  - What I like to do in my free time
- Needs
  - What I need help or support with

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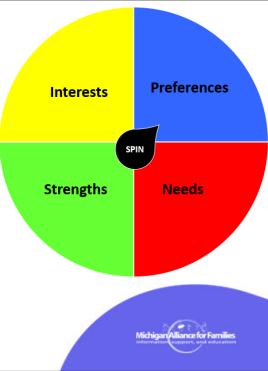
## Strengths

**Strengths are...**

- What I am good at

**Examples:**

- Staying with the routine
- Finishing tasks independently
- Helping with chores
- Organizing my bedroom
- Using the computer
- English class



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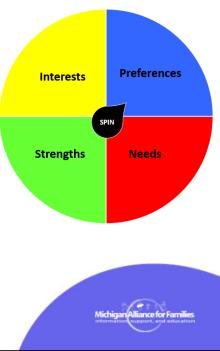
## Preferences

**• When we like something one way more than another way**

**• What helps and works for me to think, focus work, or learn-when**

**Examples:**

- Being around people vs. being alone
- Warm temperatures vs. cold temperatures
- Using a checklist vs. not having it written down
- New situations vs. familiar situations
- Pants with stretchy tops vs. button jeans
- Soft bed vs. firm bed



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## Interests

**Interests are...**  
Things I enjoy

**Examples:**

- Being with animals
- Listening to music
- Playing an instrument
- Math
- Watching anime
- Baking cookies

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## Needs

**Needs: what helps me? What supports do I need?**

**Examples:**

- To learn to start conversations
- Help getting up on time
- Use a checklist for daily activities
- Quiet time after work

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## Where to use your SPIN

- In my Individualized Education Program (IEP) meetings
- At home to do more on my own and take more responsibility
- In the community in becoming more independent

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## Self-Awareness

**Match the strength, preference, interest, or need (SPIN) with the example:**



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## Self-Awareness



**Is Felicia's wanting to separate her food a preference or need?**

## Preference!



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## **Self-Confidence (Self-Efficacy)**



## YEAH, I CAN DO THAT



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## **Self-confidence is believing in yourself...**



How **you** think  
about and see  
you!

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## Self-Confidence

- Thinking about yourself in a good or positive way
- Thinking you can meet your goals
- Having a positive attitude
- Believing in yourself



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## Video on Self-Confidence



1. Watch the video
2. Think of one thing you learned or something you thought was positive in the video

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## How to increase your self-confidence

- Use positive words or (positive self-talk)
- Focus on your strengths and abilities
- Think more about what you are good at
- Work on areas of need
- Try new things, even if it's hard
- Think about jobs that match your SPIN
- Work with your parents and IEP team



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## Self-Confidence

Remember everyone has things they are good at, and things that are harder they need to work on!



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## Home Activities

*(Review Next Week)*



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<b>Youth Self-Determination Series-Home Activities Checklist</b>	
<b>Session 1: Self Awareness and Self-efficacy Components of Self-Determination</b>	
<b>Name:</b> _____ <b>Date:</b> _____	
<b>Done</b>	<b>Activity</b>
<b>Activities</b>	
1.	<b>Complete the Self-Determination Self-Assessment Checklist (Student Self-Assessment)</b> Use the checklist below to work through the assigned home activities for Session 1. We will discuss the home activities from Session 1 when we meet for Session 2.
<b>Activity</b>	
1.	<b>Download the SPIN Self-Portrait Template (SPINdertives, Preferences, Interests, Needs)</b> Download additional information on the <a href="#">Youth Self-Determination One Page</a> , web page on the One Page, an overview video, information and resources on each of the SPIN areas, and how to use the One Page.
2.	<b>If you have a SPIN self-portrait, read it and answer the following questions:</b> a. It and I need _____. b. I am _____. c. I am _____. d. I am _____.
3.	<b>Use the Self-Determination Self-Assessment Checklist (Student Self-Assessment)</b> (from Activity 3 above) to help with areas you scored “1” or “2” and want to work on. You can use the checklist to help you identify what you need to do and most of the time, what you can do.
4.	<b>Ask your parents or other trusted person for help if you need it</b> a. Ask your parents or other trusted person for help if you need it
5.	<b>Share your SPIN information with your parents and your ISP team</b> a. Review and update your SPIN activities for school, home, work and community goals

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<b>Self-Determination Checklist Student Self-Assessment</b>	
Student Name: _____	Date: _____
<p>Self-Determination skills help you to know:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> my goals</li> <li><input checked="" type="checkbox"/> my strengths</li> <li><input checked="" type="checkbox"/> my interests</li> <li><input checked="" type="checkbox"/> supports you need to reach your goals</li> </ul>	
<p>Use the following scale to rate how you feel about the statements below:</p> <p>3 is almost always true 2 is sometimes true 1 is never true</p>	
Rating:	
<p>1. I am good to myself when I work or need.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>2. I make plans for reaching my goals.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>3. I check my progress in how I am moving toward my goals.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>4. I attend my 20th Annual Meetings.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>5. I know the goals listed in my IEP.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>6. At school, educators listen to what I think about what I want or need.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>7. My parents listen to what I think about what I want or need.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>8. I have others in my life help me to accomplish my goals.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>9. I ask for help when I need it.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>10. I like what I do, like what I like and what I enjoy doing.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>11. I tell others what I read, what I like and what I enjoy doing.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>12. I try to make choices about the supports (behavioral services) and accommodations I need to be successful.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>13. I can describe my learning difficulties to others.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>14. I take care of my personal needs (clothes, chores, meals, grooming).</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>15. I make friends with others my age.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p> <p>16. I believe that working hard in school will help me to get a good job.</p> <p><input checked="" type="checkbox"/> 1 2 3 4 5</p>	

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# Self-Determination One-Pager

 One Pager

<input type="text" value="Name: _____"/> <input type="text" value="Today's Date: _____"/>	
<b>My Strengths</b>	<b>My Interests</b>
<b>My Preferences</b>	<b>My Needs</b>

**Out of Class Activity-2**

- Written or complete with pictures

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## One-Pager Video Overview



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## Your Actions for Next Week:

1. Review and follow your Home Activities Checklist)
  - a. Complete the **I'm Determined Self-Determination Checklist Student Assessment**
  - b. Complete the **One Pager SPIN** document
  - c. Review **Link Additional Resources** on self-determination, self-awareness, and self-confidence (self-efficacy)

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## We are here to support you!

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For more information visit  
[www.michiganallianceforfamilies.org](http://www.michiganallianceforfamilies.org)



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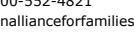
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# Michigan Alliance for Families

In collaboration with 

Michigan Alliance for Families is an IDEA Grant Funded Initiative of the Michigan Department of Education, Office of Special Education (MDE-OSE); the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP); and Michigan's Federal Parent-Training and Information Center (PTIC) funded by the U.S. Department of Education, Office of Special Education Programs(OSEP).

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