

# INFORMAL INVENTORY OF INDEPENDENCE AND SELF-ADVOCACY SKILLS FOR DEAF/HARD OF HEARING STUDENTS (©2005)

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Inventory reformatted by: Karen Anderson, PhD, 2010. The authors grant permission for use in K-12 educational settings.

This inventory is intended to aid collaboration among students, parents, and educational team members in order to determine educational services and appropriate goals for the student's Individual Education Plan. It is very important to include the student's input and to recognize that even very young children should be building skills related to independence and self-advocacy. Discussion should include what would be considered appropriate for the child's age, cognitive abilities, and mode of communication when determining the items that may or may not be applicable.

**Place an X to show (1) having lack of skill/dependence to (5) having mastery of skill/independence.**

**STUDENT** \_\_\_\_\_ **GR** \_\_\_\_\_ **DATE** \_\_\_\_\_ **COMPLETED BY** \_\_\_\_\_

<b>Student Independence</b>							
1. Takes responsibility for own amplification needs (uses consistently; indicates when it is not working; charges equipment or changes batteries independently).	NA	1	2	3	4	5	
2. Takes responsibility for completing daily assignments and projects.	NA	1	2	3	4	5	
3. Keeps track of assignments and materials and completes assignments on time.	NA	1	2	3	4	5	
4. Follows schedule and manages time independently.	NA	1	2	3	4	5	
5. Attempts to follow directions without assistance.	NA	1	2	3	4	5	
<b>Services and Accommodations</b>							
1. Understands technology (cochlear implants, hearing aids, FM) and can explain its benefit.	NA	1	2	3	4	5	
2. Expresses personal opinions concerning current educational program / services.	NA	1	2	3	4	5	
3. Notifies the appropriate person to request additional explanation or tutoring.	NA	1	2	3	4	5	
4. Assists with training staff in relation to communication access and needed support services.	NA	1	2	3	4	5	
5. Advocates for communication accessibility and accommodations. (i.e. captioning, preferential seating, lighting, note-taker, FM use)	NA	1	2	3	4	5	
6. Explain his/her needs to a new teacher, interpreter or staff member.	NA	1	2	3	4	5	
7. Explain type and degree of hearing loss and implication to the educational setting.	NA	1	2	3	4	5	
8. Attends and participates in IEP meetings and transition planning.	NA	1	2	3	4	5	
<b>Independence: Peer Interaction</b>							
1. Participates in class discussions, making comments relevant to topic.	NA	1	2	3	4	5	
2. Takes a role in cooperative learning activities and self-advocates for communication needs.	NA	1	2	3	4	5	
3. Uses communication strategies to interact with peers (requests interpreter, writes notes, gestures)	NA	1	2	3	4	5	
<b>Independence: Community</b>							
1. Makes telephone calls using technology (amplification, CapTel, Videophone), following expected procedures and etiquette.	NA	1	2	3	4	5	
2. Accesses community services for the deaf and knows how to request specific services (i.e., interpreter, CART).	NA	1	2	3	4	5	
3. Aware of community events for the deaf and hard of hearing.	NA	1	2	3	4	5	
4. Knows rights related to communication access (IDEA, ADA, etc).	NA	1	2	3	4	5	
5. Uses assistive technology in non-school settings (flashing/vibrating alarms, captioned media).	NA	1	2	3	4	5	
6. Independently communicates in community. (orders in restaurants, makes purchases).	NA	1	2	3	4	5	
7. Aware of deaf culture/community and self-identification options (D/deaf, hard of hearing).	NA	1	2	3	4	5	
<b>TOTAL POINTS EARNED</b>							
<b>There are a total of 23 items. Subtract the number of NA responses from 23 then average the student's responses. Compare to the continuum below to monitor growth over time.</b>					<b>Average response</b>		
<b>0-1.5 Lacks independence and self advocacy skills</b>	<b>1.5-3.0 Some independence and self advocacy skills</b>	<b>3.0-4.0 Growing advocacy and independence</b>	<b>4.0-5.0 Substantial advocacy and independence</b>				

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**For Students who use an Interpreter**

1. Recognizes the need for interpreting services and respects their role as professionals.	NA	1	2	3	4	5
2. Explains the role of the interpreter versus the role of the teacher.	NA	1	2	3	4	5
2. Attends to the interpreter according to age expectations and student needs.	NA	1	2	3	4	5
3. Asks interpreter for clarification when interpretation is unclear and notifies interpreter of unclear signs/concepts.	NA	1	2	3	4	5
4. Uses interpreter effectively during testing situations.	NA	1	2	3	4	5
5. Gives appropriate feedback during interpretation to indicate comprehension of interpreted message.	NA	1	2	3	4	5
6. Articulates specific needs regarding interpretation (transliterating versus interpreting).	NA	1	2	3	4	5
7. Requests interpreting services, as needed, for printed English materials.	NA	1	2	3	4	5
8. Works with interpreter to prepare for presentations.	NA	1	2	3	4	5
9. Limits personal conversations with interpreter during instruction times.	NA	1	2	3	4	5
10. Generally understands RID/NAD Code of Professional Conduct in relation to educational and community interpreting.	NA	1	2	3	4	5
11. Knows grievance procedures for solving problems/conflicts with interpreter.	NA	1	2	3	4	5
12. Requests interpreting services for extra-curricular activities.	NA	1	2	3	4	5

**TOTAL POINTS EARNED FOR INTERPRETER USE**

There are a total of 12 items. Subtract the number of NA responses from 12 then average the student's responses. Compare to the continuum below to monitor growth over time.	Average response	

<b>0-1.5 Lacks independence and self advocacy skills</b>	<b>1.5-3.0 Some independence and self advocacy skills</b>	<b>3.0-4.0 Growing advocacy and independence</b>	<b>4.5-5.0 Substantial advocacy and independence</b>
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Based on the findings of the inventory, the identified skill and knowledge deficits need to be addressed collaboratively. List the action steps that the following people will make to ensure progress on goals.

**Student:** \_\_\_\_\_  
\_\_\_\_\_

**Classroom teacher(s):** \_\_\_\_\_  
\_\_\_\_\_

**Teacher of the Deaf/Hard of Hearing:** \_\_\_\_\_  
\_\_\_\_\_

**Interpreter(s):** \_\_\_\_\_  
\_\_\_\_\_

**Other special education or related services providers:** \_\_\_\_\_  
\_\_\_\_\_

**Family Member(s):** \_\_\_\_\_  
\_\_\_\_\_

**Other comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_