**Self-Determination Matrix**

*Use the matrix below to identify ways that you can support your child’s self-advocacy during typical routines and activities*

|  |  |  |  |
| --- | --- | --- | --- |
| Skill | Activity | How I Will Support | How Others Can Support |
| Making choices |  |  |  |
| Solving problems |  |  |  |
| Setting goals |  |  |  |
| Planning |  |  |  |
| Being independent at home |  |  |  |
| Being independent in the community |  |  |  |

*Select one of the skills above and brainstorm specific ways the skill could be supported throughout a typical day for your child:*

Skill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Time of Day | Activity/Task | What My Child Can Do | Who Can Support Him/Her |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |