

Self-Regulation: Private Behaviors

Instructor: Present this short strengths assessment as the student participates in regular and special education classroom settings, hallway transitions, cafeteria settings, employment experiences, school-based vocational experiences, community service or volunteer activities, extracurricular activities, etc.

Name: _____

Date: _____

	1 NEVER	2 SOMETIMES	3 MOST OF THE TIME	4 ALWAYS
1) Sometimes people may have behaviors that are very personal that should be done only in private and not around any other people. Am I able to determine what behaviors should only be done in private and not around other people?				
2) Can I explain why engaging in a private behavior around other people may get someone in trouble at school or work?				
3) If I need to engage in a private behavior, can I find an appropriate time to engage in that behavior that doesn't interfere with other activities or responsibilities?				
4) Private behaviors are not acceptable in certain settings. Am I able to control my urge to engage in a private behavior until the time and place where it is acceptable?				
5) Am I able to identify a place where I can engage safely in a private behavior where no one will see and it will not bother other people?				
6) If I am not able to engage in a private behavior when I want to, am I able to find another acceptable activity to engage in?				
7) Do I want to engage in private behaviors more often when I am feeling overly stressed, bored, or anxious about something?				

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<i>8) If I am having questions or concerns about my private behaviors, do I feel comfortable going to someone I trust to ask for help?</i>				