People First of West Virginia Self Advocacy Checklist

This Self Advocacy Checklist will help you discover how much you are using self advocacy skills in your life. If you need help or have questions, please call our office toll free at <u>1-877-334-6581</u>.

| Name: |
|---|
| Street address: |
| City, State, ZIP: |
| Phone: () E-mail: |
| Did you attend the past Annual People First Conference? |
| □ Yes □ No |
| How many People First Conferences have you attended? |
| |
| Are you active in your local People First Chapter? |
| □ Yes □ No |
| Do you participate in meetings about your services such as IPP, IEP, IDT, DRS and etc.? |
| □ Yes □ No |
| Do you decide what services and trainings you get? |
| □ Yes □ No |
| If you have a problem with your services, do you know where to go to get help? |
| □ Yes □ No |
| Do you make your own decisions about your personal life? |
| □ Yes □ No |
| If you have a job, did you decide where you want to work? |
| □ Yes □ No □ I do not have a job |

| Do you help decide who assists you with your daily needs? |
|---|
| □ Yes □ No |
| Do you decide what you want to do and where you want to go? |
| □ Yes □ No |
| Do you decide how you spend your own money? |
| □ Yes □ No |
| Do you answer your own phone? |
| □ Yes □ No |
| Can you have friends come to your home or call them on the phone? |
| □ Yes □ No |
| Do you decide when to go to bed and when to get up? |
| □ Yes □ No |
| Do you decide what clothes you're going to wear? |
| □ Yes □ No |
| Do you plan your own meals and decide what you want to eat? |
| □ Yes □ No |
| Do you have a Facebook page? |
| □ Yes □ No |

People First Chapter: _____

Date:

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