

**Activity name:** Self Assessment Checklist

**When to do it:** After mobility

<b>Participants</b>	PWID with accompanying persons and/or mentors
<b>Material</b>	The sheet below.
<b>Method</b>	<p>→ The “Yes,” “Sometimes,” and “Not Yet” rating system is easy to understand and can be accompanied by smiley face icons or color codes (green for Yes, yellow for Sometimes, red for Not Yet) for visual reinforcement.</p> <p>→ Instructors or caregivers can keep a copy of each checklist to monitor progress over time and adjust the training plan as needed.</p> <p>→ The final section encourages participants to celebrate what they are proud of, focus on areas for improvement, and set a goal for their next session.</p>
<b>Aim</b>	After completing each mobility, participants should use the checklist to reflect on the skills they practiced and assess how confident they feel in each area

## Self-Assessment checklist

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Goal:** *To improve my ability to move around safely and independently.*

### 1. Problem-Solving and Independence

Skill	YES 👍	SOMETIMES 🤔	NOT YET 👎
I can solve small problems if something goes wrong (like a missed bus).			
I feel confident when I'm moving around on my own.			
I know how to ask for help if I need it.			
I feel comfortable practicing my mobility skills.			

### Overall Feeling About Mobility Training

What I am proud of:

- \_\_\_\_\_

What I want to improve:

- \_\_\_\_\_

I feel confident moving around on my own (circle one):

- Yes 👍
- Sometimes 🤔
- Not Yet 👎

### Next Steps or Goals:

- My goal for next time is: \_\_\_\_\_

- I will work on: \_\_\_\_\_