

Executive Skills Definitions and Behaviors Checklist

Check off or initial behaviors/statements that you identify with.

Response Inhibition: The capacity to think before you act—this ability to resist the urge to say or do something allows us the time to evaluate a situation and how our behavior might impact it.

Strong

- Thinks before speaking
- “It’s worth waiting for”
- Reflects on decisions

Weak

- Says first thing thought of
- “I want it now”
- Makes impulsive decisions

Working Memory: The ability to hold information in memory while performing complex tasks. It incorporates the ability to draw on past learning or experience to apply to the situation at hand or to project into the future.

Strong

- Keeps track of belongings
- Remembers what to do
- Learns from past experience

Weak

- Misplaces things
- “What was I going to do?”
- Repeats same mistakes

Emotional Control: The ability to manage emotions in order to achieve goals, complete tasks, or control and direct behavior.

Strong

- Maintains cool
- Handles criticism/correction
- Controls temper if frustrated

Weak

- Has a short fuse
- Is easily hurt/aggravated
- Tends to “lose it” if frustrated

Task Initiation: The ability to begin projects without undue procrastination, in an efficient or timely fashion.

Strong

- Gets started right away
- “Just do it”
- “I took care of it”

Weak

- Dawdles
- “Plenty of time”
- “I promise I’ll take care of it”

(continued)

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Sustained Attention: The capacity to maintain attention to a situation or task in spite of distractibility, fatigue, or boredom.

Strong

- _____ Finishes the task
- _____ Persists at job
- _____ Focused

Weak

- _____ Jumps around
- _____ “This is boring”
- _____ Easily distracted

Planning/Prioritization: The ability to create a road map to reach a goal or to complete a task. It also involves being able to make decisions about what’s important to focus on and what’s not important.

Strong

- _____ Sees path to the goal
- _____ “This is the first thing to do”
- _____ “I can ignore this”

Weak

- _____ Not sure how to get there
- _____ “Start here, no, maybe there?”
- _____ “Is this important?”

Organization: The ability to create and maintain systems to keep track of information or materials.

Strong

- _____ Neat, tidy
- _____ A place for everything
- _____ “It’s right here”

Weak

- _____ Stuff everywhere
- _____ Wherever it fits
- _____ “I don’t know where it is”

Time Management: The capacity to estimate how much time one has, how to allocate it, and how to stay within time limits and deadlines. It also involves a sense that time is important.

Strong

- _____ “This will take 10 minutes”
- _____ “I need to leave now”
- _____ “It’s due today”

Weak

- _____ “This will take forever”
- _____ “Just one more thing before I go”
- _____ “An extra day is no big deal”

(continued)

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Goal-Directed Persistence: The capacity to have a goal, to follow through to the completion of the goal, and to not be put off by or distracted by competing interests.

Strong

_____ “Come hell or high water”

_____ “It’s worth the wait”

_____ “I can get past this”

Weak

_____ “This is too much work”

_____ “I want it now”

_____ “I’ll never get past this”

Flexibility: The ability to revise plans in the face of obstacles, setbacks, new information, or mistakes. It relates to an adaptability to changing conditions.

Strong

_____ Go with the flow

_____ “Maybe there’s another way”

_____ Spontaneous

Weak

_____ Stick to the schedule

_____ “There’s only one way”

_____ Set in ways

Metacognition: The ability to stand back and take a bird’s-eye view of oneself in a situation. It is an ability to observe how you problem-solve. It also includes self-monitoring and self-evaluative skills (e.g., asking yourself “How am I doing?” or “How did I do?”).

Strong

_____ “I’m okay at this”

_____ “I’d give myself a B”

_____ “This relates to this”

Weak

_____ “Am I any good at this?”

_____ “How did I do?”

_____ “I don’t see any connection”

Stress Tolerance: The ability to thrive in stressful situations and to cope with uncertainty, change, and performance demands.

Strong

_____ Take it in stride

_____ “I can manage this”

_____ “Let’s see what happens”

Weak

_____ Overwhelmed

_____ “I can’t do it”

_____ “I need to know exactly what is happening”

Executive Skills Questionnaire

Read each item below and then rate that item based on the extent to which you agree or disagree with how well it describes you. Use the rating scale below to choose the appropriate score. Then add the three scores in each section. Use the Key at the end of the questionnaire to determine your executive skills strengths (two or three highest scores) and weaknesses (two or three lowest scores). Everyone who completes this questionnaire will have some strengths and some weaknesses. No pattern of strengths or weaknesses is “better” or “worse” than any other, and there is no pattern that is “typical” or “atypical.”

Strongly disagree	1	Tend to agree	4
Disagree	2	Agree	5
Tend to disagree	3	Strongly agree	6

Item	Your score
1. I don't jump to conclusions.	_____
2. I think before I speak.	_____
3. I make sure I have all the facts before I take action.	_____
TOTAL	_____
4. I have a good memory for facts, dates, and details.	_____
5. I am very good at remembering the things I have committed to do.	_____
6. I seldom need reminders to complete tasks.	_____
TOTAL	_____
7. My emotions seldom get in the way when performing on the job.	_____
8. Little things do not affect me emotionally or distract me from the task at hand.	_____
9. When frustrated or angry, I keep my cool.	_____
TOTAL	_____
10. No matter what the task, I believe in getting started as soon as possible.	_____
11. Procrastination is usually not a problem for me.	_____
12. I seldom leave tasks to the last minute.	_____
TOTAL	_____

(continued)

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Item	Your score
13. I find it easy to stay focused on my work.	_____
14. Once I start an assignment, I work diligently until it's completed.	_____
15. Even when interrupted, I find it easy to get back and complete the job at hand.	_____
TOTAL	_____
16. When I start my day, I have a clear plan in mind for what I hope to accomplish.	_____
17. When I have a lot to do, I can easily focus on the most important things.	_____
18. I typically break big tasks down into subtasks and timelines.	_____
TOTAL	_____
19. I am an organized person.	_____
20. It is natural for me to keep my work area neat and organized.	_____
21. I am good at maintaining systems for organizing my work.	_____
TOTAL	_____
22. At the end of the day, I've usually finished what I set out to do.	_____
23. I am good at estimating how long it takes to do something.	_____
24. I am usually on time for appointments and activities.	_____
TOTAL	_____
25. I take unexpected events in stride.	_____
26. I easily adjust to changes in plans and priorities.	_____
27. I consider myself to be flexible and adaptive to change.	_____
TOTAL	_____
28. I routinely evaluate my performance and devise methods for personal improvement.	_____
29. I am able to step back from a situation in order to make objective decisions.	_____
30. I am a "big picture" thinker and enjoy the problem solving that goes with that.	_____
TOTAL	_____

(continued)

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Item	Your score
31. I think of myself as being driven to meet my goals.	_____
32. I easily give up immediate pleasures to work on long-term goals.	_____
33. I believe in setting and achieving high levels of performance.	_____
TOTAL	_____
34. I enjoy working in a highly demanding, fast-paced environment.	_____
35. A certain amount of pressure helps me to perform at my best.	_____
36. Jobs that include a fair degree of unpredictability appeal to me.	_____
TOTAL	_____

KEY

Items	Executive skill	Items	Executive skill
1–3	Response inhibition	4–6	Working memory
7–9	Emotional control	10–12	Task initiation
13–15	Sustained attention	16–18	Planning/prioritization
19–21	Organization	22–24	Time management
25–27	Flexibility	28–30	Metacognition
31–33	Goal-directed persistence	34–36	Stress tolerance

Strongest Skills (highest scores)

Weakest Skills (lowest scores)

What Did You Learn?

What did the questionnaire tell you are the young adult's two or three strongest executive skills and two or three weakest skills? Enter them below for easy reference if you like.

Executive Skills Strengths

Executive Skills Weaknesses

How Do You Two Define Independence?

What's included in your definition?

Parent	Young Adult	
<input type="checkbox"/>	<input type="checkbox"/>	No financial support from parents (Ps)
<input type="checkbox"/>	<input type="checkbox"/>	Less financial support from Ps
<input type="checkbox"/>	<input type="checkbox"/>	Young adult (YA) living in and paying for separate residence
<input type="checkbox"/>	<input type="checkbox"/>	YA living separately but receiving rent subsidy from Ps
<input type="checkbox"/>	<input type="checkbox"/>	YA living at home and paying rent
<input type="checkbox"/>	<input type="checkbox"/>	YA living at home for free but helping with chores, etc.
<input type="checkbox"/>	<input type="checkbox"/>	YA living at home for free, not helping out
<input type="checkbox"/>	<input type="checkbox"/>	YA living at home, handling own cooking, laundry, etc.
<input type="checkbox"/>	<input type="checkbox"/>	YA having a job and saving money for own education
<input type="checkbox"/>	<input type="checkbox"/>	Ps paying tuition on condition of agreed-on level of academic success
<input type="checkbox"/>	<input type="checkbox"/>	YA has a part-time job and goes to school part-time
<input type="checkbox"/>	<input type="checkbox"/>	YA has a full-time job
<input type="checkbox"/>	<input type="checkbox"/>	YA has a full-time job with career potential
<input type="checkbox"/>	<input type="checkbox"/>	YA lives by his/her own rules while living at home
<input type="checkbox"/>	<input type="checkbox"/>	YA follows Ps' rules if receiving any financial support
<input type="checkbox"/>	<input type="checkbox"/>	YA adheres to same rules at home as when under age 18
<input type="checkbox"/>	<input type="checkbox"/>	Independence should start immediately
<input type="checkbox"/>	<input type="checkbox"/>	Independence should be achieved within an agreed-on time period
<input type="checkbox"/>	<input type="checkbox"/>	Independence should occur gradually, without pressure of deadlines

Getting to Know Myself Questionnaire

Name: _____ Date: _____

1. How do you spend your spare time? Check (✓) all that apply and draw a circle around your favorite three activities.

Do you prefer to spend free time primarily:

Social

- with family
- with friends
- with friends on social media
- alone
- other: _____

Hands on

- doing arts/crafts
- building things
- making videos
- dirt-biking/four-wheeling
- hiking/walking

Watching/thinking

- playing video games
- watching TV/DVDs
- using computer (e.g., web surfing, YouTube videos)
- listening to music
- reading
- writing
- other: _____

Traveling

- sports
- working out
- playing an instrument
- theater/dance
- volunteering
- other: _____

2. What talents do you have? Check all that apply and provide an example if you can.

- athletic: _____
- musical: _____
- visual arts: _____
- performing arts: _____
- mechanical skills: _____
- cooking: _____
- other: _____
- sewing: _____
- writing: _____
- leadership: _____
- technology: _____
- math/sciences: _____
- interpersonal skills: _____

(continued)

Getting to Know Myself Questionnaire (page 2 of 4)

3. What personal qualities do you have that you consider to be strengths? Check up to five.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> leadership | <input type="checkbox"/> patience | <input type="checkbox"/> creativity | <input type="checkbox"/> sense of humor |
| <input type="checkbox"/> independence | <input type="checkbox"/> caring,
empathy | <input type="checkbox"/> hard worker | <input type="checkbox"/> loyalty |
| <input type="checkbox"/> imagination | <input type="checkbox"/> dependability | <input type="checkbox"/> determination | <input type="checkbox"/> optimism |
| <input type="checkbox"/> self-control | <input type="checkbox"/> coping skills | <input type="checkbox"/> problem solving | <input type="checkbox"/> persistence |
| <input type="checkbox"/> ambition | <input type="checkbox"/> honesty | <input type="checkbox"/> organization | <input type="checkbox"/> courage |
| <input type="checkbox"/> competitiveness | <input type="checkbox"/> extraversion
(outgoing) | <input type="checkbox"/> working well
with others | <input type="checkbox"/> other: _____
_____ |

4. What life experiences have you had that you loved, that meant a lot to you, or that you felt you got a lot out of?

5. What areas of skill or knowledge would you like to become an expert in? List *any* topic that interests you, even if it is something you don't usually learn about in school (e.g., video games, sports statistics, fashion design, car repair).

6. What are your educational experiences? Check those that apply.

- | | |
|---|--|
| <input type="checkbox"/> did not finish high school | <input type="checkbox"/> college |
| <input type="checkbox"/> high school diploma or ged | <input type="checkbox"/> associate's degree: major: _____ |
| <input type="checkbox"/> high school vocational/technical certification | <input type="checkbox"/> bachelor's degree: major: _____ |
| <input type="checkbox"/> if no degree, # of credits: _____ | <input type="checkbox"/> other training or certificates: _____ |

(continued)

Getting to Know Myself Questionnaire (page 3 of 4)

7. What were your best subjects in school? _____

And your worst? _____

8. What work experiences have you had? Check all that apply and, on the lines provided, specify the type of job and estimate the number of hours worked per week.

_____ Part-time

Jobs: # hours worked per week

_____ Full-time

Jobs: # hours worked per week

_____ Volunteer/internships

Jobs: # hours worked per week

9. What jobs did you like most? _____

10. What jobs did you like least? _____

(continued)

Getting to Know Myself Questionnaire (page 4 of 4)

11. If you have a choice, where would you prefer to live?

City, suburb, rural area, etc.: _____

Which area of the United States (East Coast, Midwest, West Coast, North, South, etc.), or other country? _____

12. What type of job would you like to be working at in 2 years' time? _____

What type of job would you like to be working at in 6–8 years' time? _____

13. If you are currently working, over the next 12–18 months do you intend to:

- | | |
|--|---|
| <input type="checkbox"/> Stay in your current job | <input type="checkbox"/> Look for a different job |
| <input type="checkbox"/> Start or return to school | <input type="checkbox"/> Start a training program |
| <input type="checkbox"/> Not sure | |

14. If you intend to return to school or a training program, what would you like to study or what skills do you want to learn? _____

15. What type of school would you prefer?

- | | |
|---|--|
| <input type="checkbox"/> vocational/technical school | <input type="checkbox"/> 2-year community college |
| <input type="checkbox"/> 4-year liberal arts college | <input type="checkbox"/> 2–4-year science/technology school |
| <input type="checkbox"/> 2–4-year business school | <input type="checkbox"/> 2–4-year health sciences (e.g., nursing, medical technology) school |
| <input type="checkbox"/> graduate/professional school | |

16. Who is going to pay for school?

- I am, with savings and/or financial aid
- I am, with loans and financial aid
- My parents and I together
- My parents

Relationships-Based Executive Skills Questionnaire

Directions: Read each sentence pair and decide which of the two options best describes you. Then decide *how often* the statement is true for you (sometimes, often, most of the time). When you have completed all the items for yourself, go back and follow the same process for the person you're working on the form with—the young adult if the parent is completing this questionnaire and the parent if the young adult is completing it. Decide which of the two statements best describes him or her and then choose how often the description applies. Then look for patterns of similarities and differences between self and other. You'll need two copies of the questionnaire so each of you can complete it; see the end of the Contents for information on accessing the form online.

		Some-times	Often	Most of the time	RESPONSE INHIBITION			Some-times	Often	Most of the time		
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carefully deliberates before making a decision	OR	Jumps to conclusions	Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thinks before responding; doesn't interrupt	OR	Blurts out without thinking; may interrupt	Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gathers all the facts before acting	OR	Acts before getting all the facts ("gut instinct")	Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	WORKING MEMORY			Some-times	Often	Most of the time		
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a head for details (memory like an elephant)	OR	Has difficulty remembering details	Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remembers what has to be done	OR	Forgets what he or she has promised to do	Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follows through on obligations without reminders	OR	Needs reminders to get things done	Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	EMOTIONAL CONTROL			Some-times	Often	Most of the time		
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handles negative feedback easily	OR	Reacts strongly to criticism	Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued)

Relationships-Based Executive Skills Questionnaire (page 2 of 4)

		Some-times	Often	Most of the time	EMOTIONAL CONTROL <i>(continued)</i>			Some-times	Often	Most of the time
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Is cool as a cucumber	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Keeps emotions in check	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					OR	Becomes upset by “little things”	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					OR	Gets sidetracked by strong emotions	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	TASK INITIATION			Some-times	Often	Most of the time
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Follows through on obligations without reminders	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Gets started right away on chores or other tasks	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Needs reminders to get things done	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Puts off starting things	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Leaves things until the last minute	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	SUSTAINED ATTENTION			Some-times	Often	Most of the time
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Stays focused on the task at hand	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Once started, keeps working until the task is done	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Jumps from one task to another	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Is slow to finish tasks (or they don't get done)—runs out of steam	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Gets right back to work after an interruption	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Gets derailed by interruptions; easily distracted	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	PLANNING/PRIORITIZING			Some-times	Often	Most of the time
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Starts the day with a plan	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Doesn't plan out the day	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Can prioritize when there's a lot to do	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Has trouble prioritizing when time is limited	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued)

Relationships-Based Executive Skills Questionnaire (page 3 of 4)

		Some-times	Often	Most of the time	PLANNING/PRIORITIZING (continued)			Some-times	Often	Most of the time
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaks tasks down into subtasks with timelines	OR	Is not good at project planning	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	ORGANIZATION			Some-times	Often	Most of the time
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Puts things away shortly after use	OR	Slow to pick up after self	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keeps personal spaces neat	OR	Finds it hard to keep personal spaces neat	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Easily maintains organizational systems	OR	Has difficulty maintaining organizational systems over time	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	TIME MANAGEMENT			Some-times	Often	Most of the time
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is good at estimating how long it takes to do something	OR	Is not good at time estimation	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completes tasks in the time allotted	OR	Has difficulty finishing tasks within time constraints	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrives on time for things (i.e., appointments, family events)	OR	Has trouble getting places on time	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	FLEXIBILITY			Some-times	Often	Most of the time
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Goes with the flow" when the unexpected happens	OR	Is thrown for a loop by unexpected events	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjusts easily to changes in plans	OR	Is upset by changes in plans	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued)

Relationships-Based Executive Skills Questionnaire (page 4 of 4)

		Some-times	Often	Most of the time	FLEXIBILITY (continued)			Some-times	Often	Most of the time
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Changes course easily	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	METACOGNITION			Some-times	Often	Most of the time
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Can evaluate a situation and figure out what to do next	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	“Reads” a situation well to understand the dynamics involved	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Is a good problem solver	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	GOAL-DIRECTED PERSISTENCE			Some-times	Often	Most of the time
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Sets and achieves personal goals	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Sets aside immediate pleasures for long-term gains	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Sets high standards for self	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Some-times	Often	Most of the time	STRESS TOLERANCE			Some-times	Often	Most of the time
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Enjoys the unexpected/unpredictable	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Is at his or her best when the pressure is on	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Prefers action-oriented or exciting leisure activities	Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary Form to Help You Assess Goodness of Fit

GTKMQ

Preferred work situation:

What? _____

With whom? _____

Past work experience:

Like best: _____

Like least: _____

Two talents/skills you have:

1. _____

2. _____

Two best personal qualities:

1. _____

2. _____

Two preferred free-time activities:

1. _____

2. _____

Current educational level: _____

Major _____

Interest area _____

What is your goal or what goal(s) are you considering? _____

Does this goal relate to or is it fairly well matched with the preferences and job skills you mentioned above? That is, given what you know about yourself, is it a “good fit” for you?

Yes No

(continued)

Summary Form to Help You Assess Goodness of Fit (page 2 of 3)

Add any specific thoughts that come to mind: _____

Executive Skills Questionnaire:

What are your two or three strongest executive skills?

1. _____
2. _____
3. _____

What are your two or three weakest skills?

1. _____
2. _____
3. _____

Have your weak skills had a negative impact on your performance in the past?

Yes No

If Yes, how? _____

How might they negatively impact your performance on tasks needed to reach your goal? _____

If these weak skills could impact your performance, are you still committed to the goal you have chosen? _____

What are your parent's two or three strongest executive skills?

1. _____
2. _____
3. _____

(continued)

Summary Form to Help You Assess Goodness of Fit (page 3 of 3)

What are her/his two or three weakest skills?

1. _____
2. _____
3. _____

If your weak skills could impact your getting to your goal, could your parent be of any help in supporting these skills?

- Yes No

If yes, is this acceptable to you?

- Yes No

Goal: Barriers, Time Frame, Supports Needed

What current barriers do you see that could get in the way of your reaching your goal?

Assuming you will start working on your goal within the next month, approximately how long do you think it will take to reach your goal? _____

What types of supports will you need to reach your goal? (e.g., additional school or training, transportation, living expenses, money for school, tutorial support, executive skills support) _____

Summary Form

Helping Young Adults without a Goal Get Started

NAME: _____

Living Arrangements

1. Where are you currently living? Home School Apartment/house
2. If apartment/house, who is paying the rent? Split with roommates
I do alone I do with help from family
3. If living at home, do you contribute to expenses? Yes No
How much? _____
4. If No, and living at home and working, how much would you agree to contribute to family expenses on a weekly basis? \$10 \$20 \$30 Other amount \$ _____
5. If living at home, do you help with daily living tasks? Yes No
6. If Yes, which ones: Cooking Cleaning Laundry Yard work
House repairs Other: _____
7. If No, check off which two you would agree to doing on a daily or weekly basis, depending on the task? Cooking Cleaning Laundry
Yard work House repairs Other _____

Personal Affairs

8. Do you make or manage your own appointments (e.g., medical, dental, employment)? Yes No
9. If No, who does? _____
10. If No, with help if needed, which ones can you take over in the next 2 months? Medical Dental Employment Other: _____
11. Do you manage your own finances (bank accounts, credit/debit cards, loans, insurance, etc.)? Yes No
12. If No, who does? _____
13. If No, in the next 2 months which would you like to set up? Bank account Secured credit card Debit card
14. Do you own your own car? Yes No
15. If No, how do you get around? _____

(continued)

Summary Form: Helping Young Adults without a Goal (page 2 of 3)

16. Do you manage your own daily living activities? Shopping Laundry
Room cleaning Other: _____
17. If you do not currently manage all of these activities, which one would you like to take over in the next month? Shopping Laundry Room cleaning
Other: _____
18. Do you wake up daily at the same time? Yes No
19. What time do you usually get up? _____
20. What are your two or three main or preferred activities during the hours you are awake? 1. _____ 2. _____
3. _____
21. What do you think you're good at? List up to three talents or skills:
_____, _____, _____

Highest Education Level

22. GED High School Diploma Some College Courses
Associate's Degree Bachelor's Degree Master's Degree Doctorate
23. What was your high school grade point average? _____
24. Favorite subject? _____ Least favorite? _____
25. What was your college grade point average? _____
26. Area of specialization or major? _____
27. Are you currently attending or planning to return to school in the next 3–6 months?
Yes No
28. For what degree or training? _____
29. Do you have or are you currently pursuing any certifications? Yes No
30. In what area? _____

Employment

31. Are you currently employed? Yes No
32. What jobs have you held in the past 3 years? For each job, specify part time (pt) or full time (ft) _____

(continued)

Summary Form: Helping Young Adults without a Goal (page 3 of 3)

33. What was your most preferred job? _____
Least preferred? _____
34. When did you last work? Within the past 3 months 6 months 1 year
more than a year never
35. If not currently working, what type of job that you are qualified for would you like
in the next 3 months? _____
36. If not sure, what employment area would you prefer that you either are qualified for
or that is entry-level and has minimal qualifications?
Retail/customer service Work helping people (e.g., education, health care)
Information technology
Physical work (construction, landscaping, custodial, etc)
Administrative office work Transportation: driving Delivery

Executive Skills

37. What are your two or three strongest executive skills?
1. _____ 2. _____
3. _____
38. What are your three weakest skills? 1. _____
2. _____ 3. _____

Possible Future Goals

39. In the next 5 years, what would you like your job or career to be? _____

40. In the next 5 years, what would you like your living situation to be?
Living alone in my own apartment
Living with roommates in an apartment/house Living at home
Other: _____
41. What barriers do you see that could get in the way of your reaching this possible
goal? _____

42. What types of supports might you need to reach your goal (e.g., additional school
or training, transportation, living expenses, money for school, tutorial support,
executive skills support)? _____

Benefits Provided by Parents to Young Adults

Check off which of the following benefits you are currently providing to your young adult. The purpose of this list is to provide a starting point for the parent(s) and the young adult to collaborate on an agreement about compensation that the young adult can provide to the parents for these benefits. This list is followed by a set of questions regarding what type of contribution, if any, the young adult is currently making to the home and parents. The list is more likely to be applicable if the young adult is living at the home, but parents may be providing some of these benefits to young adults who do not live at home.

Benefits:

- | | |
|---|---|
| <input type="checkbox"/> Room | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food | <input type="checkbox"/> Television |
| <input type="checkbox"/> Personal care supplies | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Prepared meals | <input type="checkbox"/> Cell phone |
| <input type="checkbox"/> House cleaning | <input type="checkbox"/> Cell phone plan |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Wi-Fi service |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Health insurance |
| <input type="checkbox"/> Spending money | <input type="checkbox"/> Medical expenses |
| <input type="checkbox"/> Other _____ | |

Current or potential contributions by the young adult to compensate for these benefits:

Does the young adult provide any of the following?

- Regular payments to you (e.g., from employment)
If yes, how much weekly? _____
- Pay own expenses? Spending money _____ Transportation _____
Clothing _____ Personal care items _____ Cell phone plan _____
Other _____
- Consistent help with household chores? Laundry _____ Dishes _____
Cleaning _____ Shopping _____ Cooking _____ House repairs _____
- Other _____

SMART Goal-Setting Guide and Worksheet

GOAL-SETTING GUIDE

Following are components of an effective goal—one that describes performance standards that will specifically “tell us what effective behavior looks like.” The SMART acronym can help us remember these components.

- **Specific.** The goal should identify a specific action or event that will take place.
- **Measurable.** The goal and its benefits should be quantifiable.
- **Achievable.** The goal should be attainable given available resources.
- **Realistic.** The goal should require you to stretch some, but allow the likelihood of success.
- **Timed.** The goal should state the time period in which it will be accomplished.

Here are some tips that can help you set effective goals:

1. Develop several goals. A list of two to three items gives you flexibility to work on several things over a period of time.
2. State goals as declarations of intention, rather than items on a wish list. “I want to apply to three schools” conveys a desire but lacks commitment to action. “I will apply to three schools” indicates an intended action.
3. Attach a date to each goal. State what you intend to accomplish and by when. A good list should include some short-term and some long-term goals. You may want two or three goals for 2- or 3-month intervals and four to six for the year.
4. Be specific. “To find a job” is too general; “to find and research five job openings before the end of the month” is specific. Sometimes a vague general goal can be seen as an aspiration, and you can then identify more specific goals to take you there.
5. Share your goals with someone who supports you and cares if you reach them. Sharing your intentions with parents, a sibling, or a best friend will help ensure success.
6. Write down your goals and put them where you will see them or put them in a phone calendar. The more often you read or hear your list, the more skilled and successful you’ll become.
7. Review and revise your list. Experiment with different ways of stating your goals. Goal setting improves with practice, so play around with it.

Writing an Effective SMART Goal Statement

Rules for writing goal statements:

1. Use clear, specific language.
2. Start your goal statement with TO + an ACTION VERB.
3. Write your statement using SMART goals criteria.
4. Think positive (avoid negative language)!

(continued)

SMART Goal-Setting Guide and Worksheet (page 2 of 2)

An example of a goal statement:

To run the mini-marathon this May and complete the 10-mile race in under 1 hour to beat my personal best time.

Notice how the statement above begins with the word “to,” includes the action verb “run,” and tells “what” (the marathon), “why” (to beat personal best time), and “when” (May).

GOAL-SETTING WORKSHEET

Use the following worksheet to identify the specific **SMART** criteria you will use to write your goal statement.

What is your basic goal? _____

1. Is it **Specific?** (Who? What? Where? When? Why?) _____

2. Is it **Measurable?** How will I measure progress? (How many? How much?) _____

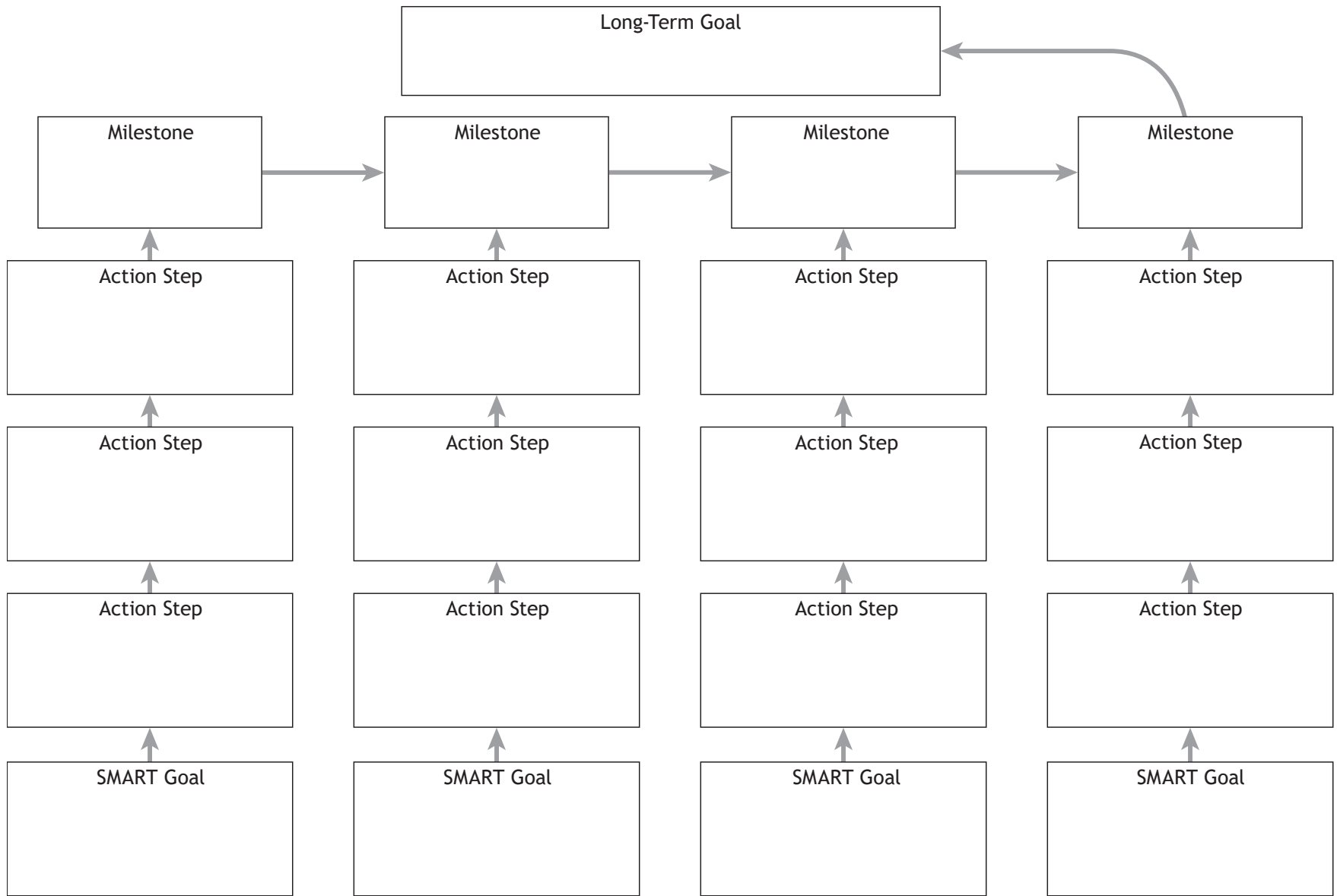
3. Is it **Attainable?** (Can I really do this? Is it attainable with enough effort? What steps are involved?) _____

4. Is it **Realistic?** (What knowledge, skills, and abilities are necessary to reach this goal?) _____

5. Is it **Time-bound?** (Can I set fixed deadlines? What are the deadlines?) _____

My Goal Statement

Using the guidelines for **SMART** goals writing and your answers to the questions above, write a specific home-, school-, or work-related **SMART** goal that you would like to achieve in the next 2–3 months. Repeat this exercise as needed to write other **SMART** goal statements.



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Action Plan for Achieving a Short-Term SMART Goal

Steps to Follow to Complete Goal	Target Completion Date	#1 Not Done	#2 Done

Did you follow the plan?

What worked well?

What didn't work so well?

Next step: Revise plan Make new SMART goal and action plan

Evaluating Success with Achieving SMART Goals

What was your young adult's SMART goal? _____

From your perspective, was the goal met? Yes, completely Yes, partially
Not at all

If you believe the goal was not met, from your perspective, what would help going forward? _____

1. Was it **Specific?** (Who? What? Where? When? Why?) Yes No

Do you think it was too vague? If so, what might be added? _____

2. Was it **Measurable?** How was progress measured? (How many? How much?)

How many or how much was going to be attained? Was a more specific number needed? _____

3. Was it **Attainable?** Could this realistically be attained? (With enough effort? What steps were involved?) Would more support have helped? _____

Was the goal attained? Completely Partially Not at all

4. Was it **Realistic?** (What knowledge, skills, and abilities were necessary to reach this goal?) _____

Did the young adult have the knowledge, skills, or abilities to attain the goal? Would more experience or support help the young adult? _____

5. Was it **Time-bound?** (Were there fixed deadlines? What were the deadlines?) _____

Were the deadlines met? Completely Partially Not at all