

## RIGHT ON AND NO WAY!

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Directions: Write a 1 next to the activities that you like. Write an X next to the activities that you do not like.

1 = Right On!

X = No way!

- |   |  |
|---|--|
| <input type="checkbox"/> Camping          | <input type="checkbox"/> Baking                                      |
| <input type="checkbox"/> Hiking           | <input type="checkbox"/> Cooking                                     |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Ice Skating                                 |
| <input type="checkbox"/> Swimming         | <input type="checkbox"/> Roller Skating                              |
| <input type="checkbox"/> Walking          | <input type="checkbox"/> Gymnastics                                  |
| <input type="checkbox"/> Jogging          | <input type="checkbox"/> Chess/Checkers                              |
| <input type="checkbox"/> Riding Bicycles  | <input type="checkbox"/> Playing Cards                               |
| <input type="checkbox"/> Golfing          | <input type="checkbox"/> Collecting Things (stamps,<br>coins, dolls) |
| <input type="checkbox"/> Tennis           | <input type="checkbox"/> Sewing                                      |
| <input type="checkbox"/> Baseball         | <input type="checkbox"/> Painting                                    |
| <input type="checkbox"/> Football         | <input type="checkbox"/> Pottery                                     |
| <input type="checkbox"/> Soccer           | <input type="checkbox"/> Gardening                                   |
| <input type="checkbox"/> Hockey           | <input type="checkbox"/> Watching TV/Movies                          |
| <input type="checkbox"/> Fishing          | <input type="checkbox"/> Singing                                     |
| <input type="checkbox"/> Car Racing       | <input type="checkbox"/> Dancing                                     |
| <input type="checkbox"/> Having Pets      | <input type="checkbox"/> Writing stories/songs/poems                 |
| <input type="checkbox"/> Going to Church  | <input type="checkbox"/> Visiting with friends                       |
| <input type="checkbox"/> Babysitting      | <input type="checkbox"/> Hair Care and Make-up                       |

Now, circle the three things you like the most.

Please list any other activities that you like:

Created by STIR (Steps Toward Independence and Responsibility) and the Self-Determination Resource Center, Center for Development and Learning, CB#7255, University of North Carolina, Chapel Hill, NC