

My 3 Questions Summary

State: _____ Team Name: _____ Date: _____ Time Spent Discussing: _____

Summarize the critical topics you discussed with your team for *My 3 Questions*. Be as specific as possible in preparation for your work during Week 5.

TOPIC	QUESTIONS RAISED?	HOW APPLICABLE WAS THIS TO YOUR PRACTICE?					NOTES/COMMENTS
		None	Not much	A little	Some	A lot	
<i>Session 1: Overview of Self-Determination</i>		<i>None</i>	<i>Not much</i>	<i>A little</i>	<i>Some</i>	<i>A lot</i>	
• Importance of student self-determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Definition and characteristics of self-determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Self-determination myth/reality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Session 2: Model of Self-Determination</i>		<i>None</i>	<i>Not much</i>	<i>A little</i>	<i>Some</i>	<i>A lot</i>	
• Know Yourself/Environment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Value Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Act	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Experience Outcomes & Learn	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Environment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Session 3: Curricula, Resources & Materials</i>		<i>None</i>	<i>Not much</i>	<i>A little</i>	<i>Some</i>	<i>A lot</i>	
• Materials & Resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:							

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