



# Devereux Student Strengths Assessment-mini (DESSA-mini)

**K-8**  
**Form 1**

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Person Completing this Form \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Date of Rating \_\_\_\_\_ School/Organization \_\_\_\_\_ Classroom/Program \_\_\_\_\_

This form describes a number of behaviors seen in some children. Read the statements that follow the phrase: ***During the past 4 weeks, how often did the child...*** and place a check mark in the box underneath the word that tells how often you saw the behavior. Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

Never	Rarely	Occasionally	Frequently	Very Frequently
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item #	During the past 4 weeks, how often did the child...	Never	Rarely	Occasionally	Frequently	Very Frequently
1.	accept responsibility for what they did?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	do something nice for somebody?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	speak about positive things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	pay attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	contribute to group efforts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	perform the steps of a task in order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	show care when doing a project or school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	follow the advice of a trusted adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations \_\_\_\_\_  
\_\_\_\_\_  
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# Devereux Student Strengths Assessment-mini (DESSA-mini)

**K-8**  
**Form 2**

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Person Completing this Form \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Date of Rating \_\_\_\_\_ School/Organization \_\_\_\_\_ Classroom/Program \_\_\_\_\_

This form describes a number of behaviors seen in some children. Read the statements that follow the phrase: **During the past 4 weeks, how often did the child...** and place a check mark in the box underneath the word that tells how often you saw the behavior. Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

Never	Rarely	Occasionally	Frequently	Very Frequently
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item #	During the past 4 weeks, how often did the child...	Never	Rarely	Occasionally	Frequently	Very Frequently
1.	follow the example of a positive role model?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	keep trying when unsuccessful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	take an active role in learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	attract positive attention from peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	respect another person's opinion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	attract positive attention from adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	work hard on projects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	offer to help somebody?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recommendations** \_\_\_\_\_  
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# Devereux Student Strengths Assessment-mini (DESSA-mini)

**K-8**  
**Form 3**

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Person Completing this Form \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Date of Rating \_\_\_\_\_ School/Organization \_\_\_\_\_ Classroom/Program \_\_\_\_\_

This form describes a number of behaviors seen in some children. Read the statements that follow the phrase: ***During the past 4 weeks, how often did the child...*** and place a check mark in the box underneath the word that tells how often you saw the behavior. Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

Never	Rarely	Occasionally	Frequently	Very Frequently
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item #	During the past 4 weeks, how often did the child...	Never	Rarely	Occasionally	Frequently	Very Frequently
1.	show good judgment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	take steps to achieve goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	try to do their best?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	focus on a task despite a problem or distraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	prepare for school, activities, or upcoming events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	do routine tasks or chores without being reminded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	learn from experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	express high expectations for themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recommendations** \_\_\_\_\_  
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# Devereux Student Strengths Assessment-mini (DESSA-mini)

**K-8**  
**Form 4**

Jack A. Naglieri, Paul A. LeBuffe, and Valerie B. Shapiro

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Person Completing this Form \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Date of Rating \_\_\_\_\_ School/Organization \_\_\_\_\_ Classroom/Program \_\_\_\_\_

This form describes a number of behaviors seen in some children. Read the statements that follow the phrase: **During the past 4 weeks, how often did the child...** and place a check mark in the box underneath the word that tells how often you saw the behavior. Answer each question carefully. There are no right or wrong answers. Please answer every item. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right.

Never	Rarely	Occasionally	Frequently	Very Frequently
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item #	During the past 4 weeks, how often did the child...	Never	Rarely	Occasionally	Frequently	Very Frequently
1.	look forward to classes or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	show appreciation of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	encourage positive behavior in others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	teach another person to do something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	show an awareness of their personal strengths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	make a suggestion or request in a polite way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	use available resources (people or objects) to solve a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	seek out additional knowledge or information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recommendations** \_\_\_\_\_  
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