



Devereux Student Strengths Assessment mini Second Edition (DESSA 2 mini)

K-8
Form A

Jennifer L. Robitaille, Evelyn S. Johnson, Paul A. LeBuffe, Jack A. Naglieri, and Valerie B. Shapiro*

Student's Name _____ Gender _____ DOB _____ Grade _____

Person Completing this Form _____ Relationship to Student _____

Date of Rating _____ School/Organization _____ Classroom/Program _____

This form describes a number of behaviors seen in some students. Read the statements that follow the phrase: *During the past 4 weeks, how often did the student...* and place a check mark in the box underneath the word that tells how often you saw the behavior. Please answer each question carefully. There are no right or wrong answers. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right. A "Never" response can mean that you have never observed the student engaging in that behavior or that the student does not engage in that behavior.

Never	Rarely	Sometimes	Often	Almost Always
<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 student...	Never	Rarely	Sometimes	Often	Almost Always
1.	cooperate with others to solve a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	accept responsibility for their actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	believe they can achieve their goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	work to develop their personal strengths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	keep trying when unsuccessful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	show appreciation of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	encourage others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	gather information before making an important decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations _____



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Form B

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Student's Name _____ Gender _____ DOB _____ Grade _____

Person Completing this Form _____ Relationship to Student _____

Date of Rating _____ School/Organization _____ Classroom/Program _____

This form describes a number of behaviors seen in some students. Read the statements that follow the phrase: *During the past 4 weeks, how often did the student...* and place a check mark in the box underneath the word that tells how often you saw the behavior. Please answer each question carefully. There are no right or wrong answers. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right. A "Never" response can mean that you have never observed the student engaging in that behavior or that the student does not engage in that behavior.

Never	Rarely	Sometimes	Often	Almost Always
<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 student...	Never	Rarely	Sometimes	Often	Almost Always
1.	contribute to creating a positive learning environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	listen to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	do the right thing in a difficult situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	express high expectations for themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	show a willingness to examine their beliefs and opinions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	persist to achieve a goal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	make others feel welcome or included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	speak positively about their future potential?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Form C

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Student's Name _____ Gender _____ DOB _____ Grade _____

Person Completing this Form _____ Relationship to Student _____

Date of Rating _____ School/Organization _____ Classroom/Program _____

This form describes a number of behaviors seen in some students. Read the statements that follow the phrase: *During the past 4 weeks, how often did the student...* and place a check mark in the box underneath the word that tells how often you saw the behavior. Please answer each question carefully. There are no right or wrong answers. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right. A "Never" response can mean that you have never observed the student engaging in that behavior or that the student does not engage in that behavior.

Never	Rarely	Sometimes	Often	Almost Always
<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 student...	Never	Rarely	Sometimes	Often	Almost Always
1.	contribute to group or team goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	respond to others' feelings in kind and safe ways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	resolve conflicts positively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	demonstrate openness to new situations, experiences, and people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	seek out challenging tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	think before they acted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	recognize others' emotions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	get along well with different types of people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations _____



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Form D

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Student's Name _____ Gender _____ DOB _____ Grade _____

Person Completing this Form _____ Relationship to Student _____

Date of Rating _____ School/Organization _____ Classroom/Program _____

This form describes a number of behaviors seen in some students. Read the statements that follow the phrase: *During the past 4 weeks, how often did the student...* and place a check mark in the box underneath the word that tells how often you saw the behavior. Please answer each question carefully. There are no right or wrong answers. If you wish to change your answer, put an X through it and fill in your new choice as shown to the right. A "Never" response can mean that you have never observed the student engaging in that behavior or that the student does not engage in that behavior.

Never	Rarely	Sometimes	Often	Almost Always
<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 student...	Never	Rarely	Sometimes	Often	Almost Always
1.	show a willingness to update their thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	focus on the positive aspects of a situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	work carefully on projects or schoolwork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	respect a person's right to have a different perspective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	interact positively with classmates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	prepare for school, activities, or upcoming events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	view negative outcomes as a learning opportunity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	stay calm when faced with a challenge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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