

# Devereux Student Strengths Assessment- High School Edition mini (DESSA-HSE mini)

Valerie B. Shapiro, Jennifer L. Robitaille, Paul A. LeBuffe, and Jack A. Naglieri

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

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

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

This form describes a number of behaviors seen in some youth. Read the statements that follow the phrase: ***During the past 4 weeks, how often did the youth...*** 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.

| Never                               | Rarely                              | Sometimes                | Often                    | Almost Always            |
|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Item #</i> | <i>During the past 4 weeks, how often did the youth...</i> | Never                    | Rarely                   | Sometimes                | Often                    | Almost Always            |
|---------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.            | ask questions when they did not understand something?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.            | adjust well to a new situation?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.            | contribute to group efforts?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.            | offer to help somebody?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.            | encourage positive behaviors in others?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.            | do the right thing in a difficult situation?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.            | work hard on projects or schoolwork?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.            | look forward to classes or activities at school?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

\_\_\_\_\_

\_\_\_\_\_