RIGHT ON AND NO WAY!

Name: _____________________ Date: ___________________

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

___Camping  ___Hiking  ___Horseback Riding  ___Swimming  ___Walking  ___Jogging  ___Riding Bicycles  ___Golfing  ___Tennis  ___Baseball  ___Football  ___Soccer  ___Hockey  ___Fishing  ___Car Racing  ___Having Pets  ___Going to Church  ___Babysitting

___Baking  ___Cooking  ___Ice Skating  ___Roller Skating  ___Gymnastics  ___Chess/Checkers  ___Playing Cards  ___Collecting Things (stamps, coins, dolls)  ___Sewing  ___Painting  ___Pottery  ___Gardening  ___Watching TV/Movies  ___Singing  ___Dancing  ___Writing stories/songs/poems  ___Visiting with friends  ___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 27599