

Name: _____ Date: _____

This Is How I See Myself

Please check your choice for each of the following. You may need some help understanding what these phrases really mean; ask your teacher!

Behavior	High	So-So	Low
I am patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know when to keep quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a risk-taker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am an activity-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can do constructive arguing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can communicate effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a good follower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible Job Interests	High	So-So	Low
Building services (planning, construction, maintenance, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical and industrial (engineer, mechanic, shop supervisor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal services (counselor, lawyer, teacher, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical and sales (secretary, clerk, computer operator, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical (doctor, therapist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitality, food (chef, hotel, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors (plants and animals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative arts (author, painter, actor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific (chemist, physicist, geologist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Kind of Job I'd Like

	High	So-So	Low
Work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Like to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with plants or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sell products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sell ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem Areas

	Many Problems	Some Problems	Few Problems
Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What I Do Well

Student Workbook #66

What kinds of skills do you have that can be applied to a job? Look at the skills listed below, then circle **Yes** or **No** next to each one.

Yes No	Singing	Yes No	Analyzing	Yes No	Talking
Yes No	Acting	Yes No	Mathematics	Yes No	Drafting
Yes No	Drawing	Yes No	Negotiating	Yes No	Building
Yes No	Painting	Yes No	Landscaping	Yes No	Writing
Yes No	Sports	Yes No	Supervising	Yes No	Selling things
Yes No	Designing	Yes No	Motivating	Yes No	Teaching
Yes No	Typing	Yes No	Dancing	Yes No	Listening
Yes No	Cooking	Yes No	Managing	Yes No	Helping others
Yes No	Sewing	Yes No	Using strength	Yes No	Composing music
Yes No	Making decisions	Yes No	Operating machinery	Yes No	Performing
Yes No	Organizing	Yes No	Researching	Yes No	Carpentering
Yes No	Studying	Yes No	Forming new ideas	Yes No	Gardening
Yes No	Repairing things	Yes No	Working with children	Yes No	Taking risks
Yes No	Driving	Yes No	Working with the elderly	Yes No	Memorizing
Yes No	Editing	Yes No	Reading	Yes No	Decorating
Yes No	Solving problems	Yes No	Inventing things	Yes No	Styling hair

Now look at five of your strongest skills. What kinds of jobs do you think you can do with each of these particular skills?

For example: Talking—radio announcer

Negotiating—stock broker



YOU ARE UNIQUE!!!



1. What is your name (First, Middle, Last)? _____ Date: _____
2. Is there a reason you have any of these names, (from a relative, or a place, etc.)? Yes No (circle one)
If "Yes" tell why _____
3. Who do you live with? Parent(s) Grandparent(s) Other _____
What is their name(s)? _____
4. What is your address? _____
5. Where did you live before you moved to this address? _____
6. What is your home phone number? _____
7. What are your parent/guardian's names & cell phone numbers? _____
8. What is your cell phone number? _____
9. How many brothers/sisters do you have? Brothers _____ Sisters _____
What are their names, ages, and schools?
Name: Age: School:

10. Who are your best friends? _____
11. What schools have you attended before W-RH? _____
12. What is your favorite:
Color(s) _____ Food(s) _____
Hobby _____ Sport _____
Person (or Hero) _____