

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!

| <b>Behavior</b>               | <b>High</b>              | <b>So-So</b>             | <b>Low</b>               |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

| <b>Possible Job Interests</b>   | <b>High</b>              | <b>So-So</b>             | <b>Low</b>               |
|---|--------------------------|--------------------------|--------------------------|
| 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**

- Work under pressure
- Like to meet deadlines
- Work with plants or animals
- Work with people
- Work with machines
- Sell products
- Sell ideas
- Take responsibility
- Regular hours
- Travel
- Help others
- Use math
- Use reading

| High                     | So-So                    | Low                      |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Problem Areas**

- Home
- Friends
- School work
- Personal

| Many Problems            | Some Problems            | Few Problems             |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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