

## This Is How I Feel About My Skills

Name \_\_\_\_\_

Date \_\_\_\_\_

**DIRECTIONS:** Draw an arrow to the YES. Make it a long arrow if the statement is always true and a short arrow if it is only sometimes true.

- |   |   |     |
|---|---|-----|
| ♦ I am good at organizing materials.                            | • | YES |
| ♦ I like to figure out problems.                                | • | YES |
| ♦ I like to write about my ideas.                               | • | YES |
| ♦ I like to solve number problems (+ -).                        | • | YES |
| ♦ I am good at talking in front of a group.                     | • | YES |
| ♦ I am a good record keeper.                                    | • | YES |
| ♦ I like working by myself.                                     | • | YES |
| ♦ I like working with a group.                                  | • | YES |
| ♦ When I'm working, noise bothers me.                           | • | YES |
| ♦ I prefer to move around and talk rather than to work quietly. | • | YES |

Name one to three of your favorite classroom jobs. \_\_\_\_\_

\_\_\_\_\_

If you could take over a job at the school for a day, what would it be? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_