

Self-Assessment Checklist

Self Peer Counselor Teacher

Participant's Name: _____ Date: _____

Work Habit	Frequently	On The Way	Not yet
◆ Gets work done on time	_____	_____	_____
◆ Asks for help when needed	_____	_____	_____
◆ Takes initiative	_____	_____	_____

Study Skills	Frequently	On The Way	Not yet
◆ Organize Work	_____	_____	_____
◆ Uses time well	_____	_____	_____

Social Skills	Frequently	On The Way	Not yet
◆ Works well with others	_____	_____	_____
◆ Listens to others	_____	_____	_____
◆ Helps others	_____	_____	_____