



PERSONAL ASSESSMENT PLAN

Name: _____ Beneficiary No: _____

SOCIAL

		ALWAYS	OFTEN	SOMETIMES	RARELY	NEVER
1	I can control my temper					
2	I have feelings of violence or aggression					
3	I find conflict hard to handle					
4	I take chances with my health					
5	I can see problems coming					
6	People take advantage of me					
7	I don't take advantage of people					
8	I can get on well with anyone					
9	I can take responsibility when things go wrong					
10	I am good at listening					
11	I like myself					
12	I am aware of the effects of drugs/alcohol on me					
13	I can deal with authority					

PERSONAL GROWTH

		ALWAYS	OFTEN	SOMETIMES	RARELY	NEVER
1	I can wait/be patient					
2	I know what I feel					
3	I am able to talk about my feelings					
4	I find it hard to relax					
5	I worry about what people think of me					
6	I know how to keep healthy					
7	I live a healthy lifestyle					
8	I am aware of how I appear to others					
9	I am willing to learn new things					
10	I want to succeed					
11	I am confident					
12	I feel isolated					

Beneficiary: _____

Date: _____

Project Manager: _____

Date: _____