

Strengths & Struggles

Development

Strength?

Struggle?

Observation

Name _____

SCHOOL

Testing	<input type="checkbox"/>	<input type="checkbox"/>	
Homework	<input type="checkbox"/>	<input type="checkbox"/>	
Organization	<input type="checkbox"/>	<input type="checkbox"/>	
Class Subjects	<input type="checkbox"/>	<input type="checkbox"/>	

SELF ESTEEM

School	<input type="checkbox"/>	<input type="checkbox"/>	
Peers	<input type="checkbox"/>	<input type="checkbox"/>	
Extra Curricular	<input type="checkbox"/>	<input type="checkbox"/>	

RELATIONSHIPS

God	<input type="checkbox"/>	<input type="checkbox"/>	
Parent	<input type="checkbox"/>	<input type="checkbox"/>	
Sibling	<input type="checkbox"/>	<input type="checkbox"/>	
Peer	<input type="checkbox"/>	<input type="checkbox"/>	
Teacher/Coach	<input type="checkbox"/>	<input type="checkbox"/>	

BEHAVIOR

Obedience	<input type="checkbox"/>	<input type="checkbox"/>	
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	
Manners	<input type="checkbox"/>	<input type="checkbox"/>	
Self Control	<input type="checkbox"/>	<input type="checkbox"/>	

PHYSICAL

Eating Habits	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	