

5. Are there any areas in individual responsibility that you need or want to focus on this year? (mark with "X")

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|---|---|
| <input type="checkbox"/> ASSIGNMENTS DONE ON TIME | <input type="checkbox"/> PHYSICAL ORGANIZATION SKILLS |
| <input type="checkbox"/> TIME MANAGEMENT AND PLANNING | <input type="checkbox"/> SELF DISCIPLINE AND FOCUS |
| <input type="checkbox"/> TEST TAKING SKILLS | <input type="checkbox"/> CARE OF PERSONAL HEALTH |
| <input type="checkbox"/> PROBLEM SOLVING SKILLS | <input type="checkbox"/> CARE OF PERSONAL SPACE |
| <input type="checkbox"/> OTHER: | |

6. Are there any areas in community responsibility that you need or want to focus on this year? (mark with "X")

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|--|--|
| <input type="checkbox"/> ESTABLISHING PEER RELATIONSHIPS | <input type="checkbox"/> LEADERSHIP |
| <input type="checkbox"/> LISTENING | <input type="checkbox"/> SELF CONTROL IN GROUPS |
| <input type="checkbox"/> SHOWING RESPECT FOR OTHERS | <input type="checkbox"/> ACTIVE, POSITIVE GROUP MEMBER |
| <input type="checkbox"/> COMMUNICATION SKILLS | <input type="checkbox"/> USE OF APPROPRIATE LANGUAGE |
| <input type="checkbox"/> DISAGREEING RESPECTFULLY | <input type="checkbox"/> CARE OF COMMUNITY SPACE |
| <input type="checkbox"/> OPENNESS WITH ADULTS | <input type="checkbox"/> CARE OF OTHERS |
| <input type="checkbox"/> OTHER | |

7. Is there anything in particular you would like to discuss at this conference? (Do you have any worries, concerns, or special requests?)

8. What do you most want to gain out of your Hershey Montessori experience this year?

Student Signature: _____

Staff Signature: _____