

Points of Light Youth Leadership Institute

MOTIVATORS

Achievement	To accomplish a major goal in life, to reach a peak event or performance	_____
Affluence	To acquire quantities of money or property	_____
Authority	To have the position and power to control persons and events	_____
Enjoyment	To lead a happy life filled with joy and comfort	_____
Expertise	To gain skills and knowledge in many areas	_____
Fame	To become prominent, well-known, famous	_____
Family	To belong to and contribute to a close family relationship	_____
Freedom	To have freedom of thought and action	_____
Friendship	To belong, to be liked, to be accepted and admired by other as a friend	_____
Influence	To influence people and events through the force of personality and ability	_____
Love	To give and receive warmth and understanding, to be involved in close, affectionate relationships	_____
Responsibility	To honor and accomplish certain basic responsibilities	_____
Security	To acquire a safe, stable, and secure place in life	_____
Self-Actualization	To strive for and achieve the limits of personal and professional development	_____
Service	To help others attain their goals, to serve and support a purpose that is bigger than my own personal desires	_____
Spirituality	To feel that what I am doing is not just of my own making but is part of something that belongs to a larger creation	_____

PERSONAL ASSETS WORKSHEET

I. Talents (general) and Skills (specific)

Do you have talents in any of these areas?	Yes	No
Influencing Others	<input type="checkbox"/>	<input type="checkbox"/>
Organizing (People, Things, Information)	<input type="checkbox"/>	<input type="checkbox"/>
Helping Others	<input type="checkbox"/>	<input type="checkbox"/>
Creating (Art, Music, Drama)	<input type="checkbox"/>	<input type="checkbox"/>
Analyzing Information	<input type="checkbox"/>	<input type="checkbox"/>
Producing (Building, Growing Things)	<input type="checkbox"/>	<input type="checkbox"/>
Adventuring (Athletic and/or Risk-taking Activities)	<input type="checkbox"/>	<input type="checkbox"/>

What specific skills do you have in these areas?

What skills would you like to gain or improve?

In choosing new skills to gain, the following questions may be helpful:

1. Do you like to do it?
2. Does it relate to your career interests?
3. Will other people pay you to teach them the skill?
4. Will the skill be useful throughout your life?
5. Will the skill help you conquer new situations and gain experiences?

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PERSONAL ASSETS WORKSHEET

II. Communication Skills	Yes	No
Can you write well?	<input type="checkbox"/>	<input type="checkbox"/>
Do you produce written work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable speaking in front of large groups?	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable speaking in front of small groups?	<input type="checkbox"/>	<input type="checkbox"/>
Can you communicate well one-on-one?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other communication skill, e.g., photography, theatrical?	<input type="checkbox"/>	<input type="checkbox"/>
III. Learning Skills		
Are you actively trying to expand your knowledge?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have mentors who can help you develop your areas of interest?	<input type="checkbox"/>	<input type="checkbox"/>
Have you learned how to handle failure gracefully and learn from it?	<input type="checkbox"/>	<input type="checkbox"/>
IV. Motivation		
Do you feel how you spend your day is worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>
Do you enjoy your day-to-day activities?	<input type="checkbox"/>	<input type="checkbox"/>
Are you successful at your studies and other activities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hang out with people who are motivated?	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL ASSETS WORKSHEET

V. Friends	yes	no
Do your friends provide a good support system?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have enough friends for emotional support?	<input type="checkbox"/>	<input type="checkbox"/>
Are your friends the kind of people you would like to become?	<input type="checkbox"/>	<input type="checkbox"/>
Do your friends share safe, healthy, and legal values?	<input type="checkbox"/>	<input type="checkbox"/>
VI. Education		
Are you getting enough education to do what you want in life?	<input type="checkbox"/>	<input type="checkbox"/>
Are you getting the right education to do what you want in life?	<input type="checkbox"/>	<input type="checkbox"/>
Does your academic transcript look good, (e.g., GPA or QPA, class rank, honors, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
VII. Family		
Is your family geared toward achievement?	<input type="checkbox"/>	<input type="checkbox"/>
Can your family open doors for you?	<input type="checkbox"/>	<input type="checkbox"/>
Is your family a source of emotional support?	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Your Experiences		
Are you looking for experience in areas related to your career interests?	<input type="checkbox"/>	<input type="checkbox"/>

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PERSONAL ASSETS WORKSHEET

IX. Finances

yes no

Is your family a source of financial support?

Have you and/or your family made financial arrangements for you to attend college?

Can you expect financial support from your family through college?

X. Appearance

Do you think appearance is important?

Do you look as good as you could?

XI. Health

Do you eat properly?

Are you free from alcoholic addiction?

Are you free from tobacco addiction?

Are you free of other addictions?

Do you exercise daily?

Are you in good health?

XII. Risk Taking

Do you have courage to change?

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GOAL REPORT FORM

Name: _____

Today's Date: _____

Address: _____

Phone: _____

TYPE OF GOAL:

GOAL STATEMENT

Personal Goal

Family Goal

School Goal

Community Goal