

Michelle Chiou Foundation Self-Assertive Behaviors Assessment

Assessment Prepared by _____

Date: _____.

| Items/Rating Index | Never | Seldom | Sometimes | Mostly | Often |
|---|-------|--------|-----------|--------|-------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. When a person treats you unfairly, will you let the person know? | | | | | |
| 2. Is it easy for you to make a decision? | | | | | |
| 3. When a person takes your seat, will you let the person know? | | | | | |
| 4. Are you usually confident of your judgment? | | | | | |
| 5. Are you able to control your temper? | | | | | |
| 6. Do you think it is easy for you to say something during a discussion or debate? | | | | | |
| 7. Do you usually express your feelings? | | | | | |
| 8. If someone keeps an eye on you when you are working, will you not be affected? | | | | | |
| 9. When you talk to others, is it easy for you to look at others' eyes? | | | | | |
| 10. Is it easy for you to compliment others? | | | | | |
| 11. Have you ever buy something that you do not need or want because it is hard for you to say no to sales? | | | | | |
| 12. Will you hesitate to return your purchase when you have reasonable excuses? | | | | | |
| 13. Do you think that it is not difficult for you to continue a conversation with others during a social event? | | | | | |
| 14. Do you think that others rarely show they do not like you in their words and behavior? | | | | | |
| 15. If a friend makes an unreasonable request, can you reject his/her request? | | | | | |
| 16. When someone compliments you, do you know how to respond to it? | | | | | |
| 17. When you talk to a person of opposite sex, do you not feel nervous? | | | | | |
| 18. When you are angry, will you scold others severely? | | | | | |

* To build a good interpersonal relationship with others, one must be self-assertive first. To have self-assertive behavior, one must prioritize self-respect, so one can respect others, which is helpful for dealing with interpersonal relationship issues effectively. (Assess once every year.)

* Total Points: _____ Points; Explanations: _____ Self-Assertion

Glossary:

Making compliments mean that making flattery (said Hsing Yun Master).

Making compliments indicates that one praises others for the purpose of pleasing others. This kinds of compliments also imply that one holds a negative attitude toward others' behaviors.

Example Sentence: She always laughs off others' compliments.

Self-Assertive Behaviors Assessment Rating and Explanations

1. **High Self-Assertion:** Those who get 77 points and above in total show that they have high self-assertion and can express their opinions and feelings appropriately and timely.
2. **Medium to High Self-Assertion:** Those whose total points are between 52 and 76 show that they can express their opinions and feelings most of the time, but they occasionally cannot do it.
3. **Low to Medium Self-Assertion:** Those whose total points are between 27 and 51 show that they can self-assert occasionally, but they are unable to express their opinions and feelings most of the time.
4. **Low Self-Assertion:** Those whose total points are below 26 show that they cannot self-assert, and they are often unable to express their opinions and feelings.

Michelle Chiou Foundation
Life Specifications and Character Management Self-Assessment

Case No.: _____ Name: _____ Date: _____

I. Self-Assessment Content:

| Items | Content | Never | Seldom | Occasionally | Mostly | Usually |
|---------------------|--|-------|--------|--------------|--------|---------|
| | | 1 | 2 | 3 | 4 | 5 |
| Life Specifications | 1. Take the initiative to greet people and say something nice. | | | | | |
| | 2. Pay attention to the tone and attitude when saying something, and say "Please," "Thank you," "Sorry" often. | | | | | |
| | 3. When having an argument with others, I don't say bad words, rake over the past, or act violently. | | | | | |
| | 4. I don't waste any drop of water and remember to turn off the faucet tightly. | | | | | |
| | 5. I have the good habit of turning off lights and power as needed. | | | | | |
| | 6. Put any public property back after using it to make it easier for others to use. | | | | | |
| | 7. Do not turn on the air conditioner when the temperature is below 28 degrees Celsius. | | | | | |
| | 8. Cherish food. Pray and cherish the gifts of nature before eating. | | | | | |
| | 9. I do not take too much food at one time. Take it again after finishing. | | | | | |
| | 10. I tell myself that do not take food that I do not eat. | | | | | |
| | 11. I dress cleanly and tidily, and it is not necessarily for me to wear brand name clothes. | | | | | |
| | 12. I keep clothes in good condition, so I can give them to help the poor. | | | | | |
| | 13. I make sure myself to sort garbage and recycle kitchen waste and waste batteries. | | | | | |
| | 14. I do not litter and pick up trash whenever I see it. | | | | | |
| | 15. I carry bags all the time to carry my garbage. | | | | | |
| | 16. I share house chores with everyone. | | | | | |
| | 17. I spend at least 10 minutes every day to listen to and share others' feelings. | | | | | |
| | 18. I learn how to take care of others. | | | | | |
| | 19. I work with others together to create life with good quality and do not bother others' life. | | | | | |
| | 20. I respect my teachers and older brothers and sisters and treat my younger brothers and sisters friendly. | | | | | |
| | 21. When I am on a school bus or a public bus, I will give my seat to the old, the weak, the | | | | | |

| | | | | | | |
|----------------------|---|--|--|--|--|--|
| | elders, and the young children. | | | | | |
| | 22. I am brave to admit my own mistake and correct it, and I do self-reflection. | | | | | |
| | 23. I do not request a leave of absence arbitrarily. | | | | | |
| | 24. I faithfully follow all the items on the daily code of conduct. | | | | | |
| | 25. I keep positive life attitude and do a good thing every day. | | | | | |
| Character Management | 1. I am polite to adults and greet my teachers every day. | | | | | |
| | 2. I do not talk back to my teachers and classmates in an arrogant manner to avoid being arrogant and conceited. | | | | | |
| | 3. I finish the homework assigned by teachers every day within a certain to form a good habit of finishing today's business on time and be a responsible person. | | | | | |
| | 4. I applaud for my classmates' good performance. I do not envy or get mad when losing others. When I perform well, I do not show off or become highly conceited. | | | | | |
| | 5. I do not side chat with my classroom to intervene the order of the class and teachers' lectures. | | | | | |
| | 6. I patiently listen to others, humbly express my opinions, respect others' perspectives, and do not arbitrarily judge others. | | | | | |
| | 7. I do not cheat on my exams, and I do not tell lies. Honesty is the most important principle | | | | | |
| | 8. I do not give up and hurt myself when coming across frustration. I try to communicate with teachers about character development. Let others understand me, and I also show understanding for others. | | | | | |
| | 9. I save my allowance in accordance with my plans. I do not spend money randomly and do not waste money either. | | | | | |
| | 10. I do not bribe others with money to have them complete tasks that I should be responsible for. | | | | | |
| | 11. I help my classmates when they need. Treat others and plants with love. I do not ruin school's property. | | | | | |
| | 12. I do not steal others' money or personal belongings. | | | | | |
| | 13. I learn to respect others, and I do not steal or ruin others' belongings deliberately. | | | | | |
| | 14. I listen to my inner voice for 10 minutes every day. I do not repress my emotions or feelings, and instead, I pray to release them. | | | | | |
| | 15. I try to save spiritual property, such as reading, listening to music, appreciating the beauty of nature, and learning something new. | | | | | |

II. Teachers' Suggestions

| Position Title | Content of Suggestions | Signature or Stamp |
|----------------|------------------------|--------------------|
| Life Counselor | | |
| Section Chief | | |
| Director | | |

* Complete self-assessment at least once a year. Those whose performance in life specifications or character management is abnormal should increase the times of self-assessment depending on their conditions.

Michelle Chiou Foundation Career Goal Planning

Case No.: _____ . Name: _____ . Date: _____ .

I. Please plan your career goals based on your Career Aptitude Test 1, Career Aptitude Test 2, and Career Aptitude Test.

| | 1 st Pick | 2 nd Pick | 3 rd Pick | Pick Your Favorite Career Type |
|------------------------|----------------------|----------------------|----------------------|--------------------------------|
| Career Aptitude Test 1 | | | | |
| Career Aptitude Test 2 | | | | |
| Career Aptitude Test | | | | |

| Terms | Specific Goals |
|-----------------|----------------|
| Short-Term Goal | |
| Mid-Term Goal | |
| Long-Term Goal | |

II. Teachers' Suggestions

| Position Title | Content of Suggestions | Signature or Stamp |
|----------------|------------------------|--------------------|
| Life Counselor | | |
| Section Chief | | |
| Director | | |

Michelle Chiou Foundation

_____ (Year) The First Service Plan

Name:

Plan Prepared by:

Plan Prepared Date (mm/dd/yyyy):

Plan Date (mm/dd/yyyy): From

to

| Area of Support | Current Ability | Treatment Goal | Main Supporter |
|----------------------------------|------------------------|-----------------------|-----------------------|
| Physical Health | | | |
| Daily Life | | | |
| Schooling and Education | | | |
| Employment and Job | | | |
| Money Management | | | |
| Community Connection | | | |
| Interpersonal Relationship | | | |
| Self-Identity | | | |
| Social and Communicative Ability | | | |
| Leisure Life | | | |
| Self-Reflection | | | |
| Self-Affirmation | | | |

Director:

Social Worker:

Section Chief:

Michelle Chiou Foundation
 _____ (Year) Service Plan

Name:
 Plan Prepared Date (mm/dd/yyyy):

Plan Prepared by:
 Plan Date (mm/dd/yyyy): From _____ to _____

| Area of Support | Treatment Goal | Treatment Result | Explanations | The Next Treatment Goal | Main Supporter |
|----------------------------------|-----------------------|---|---------------------|--------------------------------|-----------------------|
| Physical Health | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Daily Life | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Schooling and Education | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Employment and Job | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Money Management | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Community Connection | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Interpersonal Relationship | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Self-Identity | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Social and Communicative Ability | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Leisure Life | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
| Self-Reflection | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |

| | | | | | |
|------------------|--|---|--|--|--|
| Self-Affirmation | | <input type="checkbox"/> Pass <input type="checkbox"/> Continue <input type="checkbox"/> Expand <input type="checkbox"/> Give up | | | |
|------------------|--|---|--|--|--|

Director:

Social Worker:

Section Chief: