TORCH ACADEMY

Student Information Assessment

Name: Date:

1. My primary goals for this Workshop are:

   1.

   2.

   3.

2. I would rate myself on a scale of 1-10 (10 being high) in the following areas:

	1	2	3	4	5	6	7	8	9	10
Confidence:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Motivation:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Independence:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Communication skills:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Organizing Ability:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Coping with Stress:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Problem Solving:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Social Skills:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Leadership:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Time Management:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Creative Ability:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐