

FIVE PRACTICES (5P) SELF-EVALUATION



Put a check mark in the box that best represents you in response to the statement

Handshake Student Name:						
Date:	Always	Usually	Sometimes	Rarely	Never	Explain
1. PERSEVERANCE : I am able to resist temptation and stay the course; I don't give up!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. PASSION : I have a strong feeling of enthusiasm in doing something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. POSITIVITY : I am hopeful and optimistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. PEOPLE : I bring out the best in people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. PRESENCE : I am able to project my sense of self-assurance, poise ,and confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Questions:

**COLLECT FORM at end of meeting and
RETAIN for PRESENCE meeting**

1. Which of the 5Ps do you still have the biggest opportunity for growth and improvement?

2. Discuss with your Handshake Team why you chose this 'P.'