

# ASSESSMENT TOOL

# M.B.A

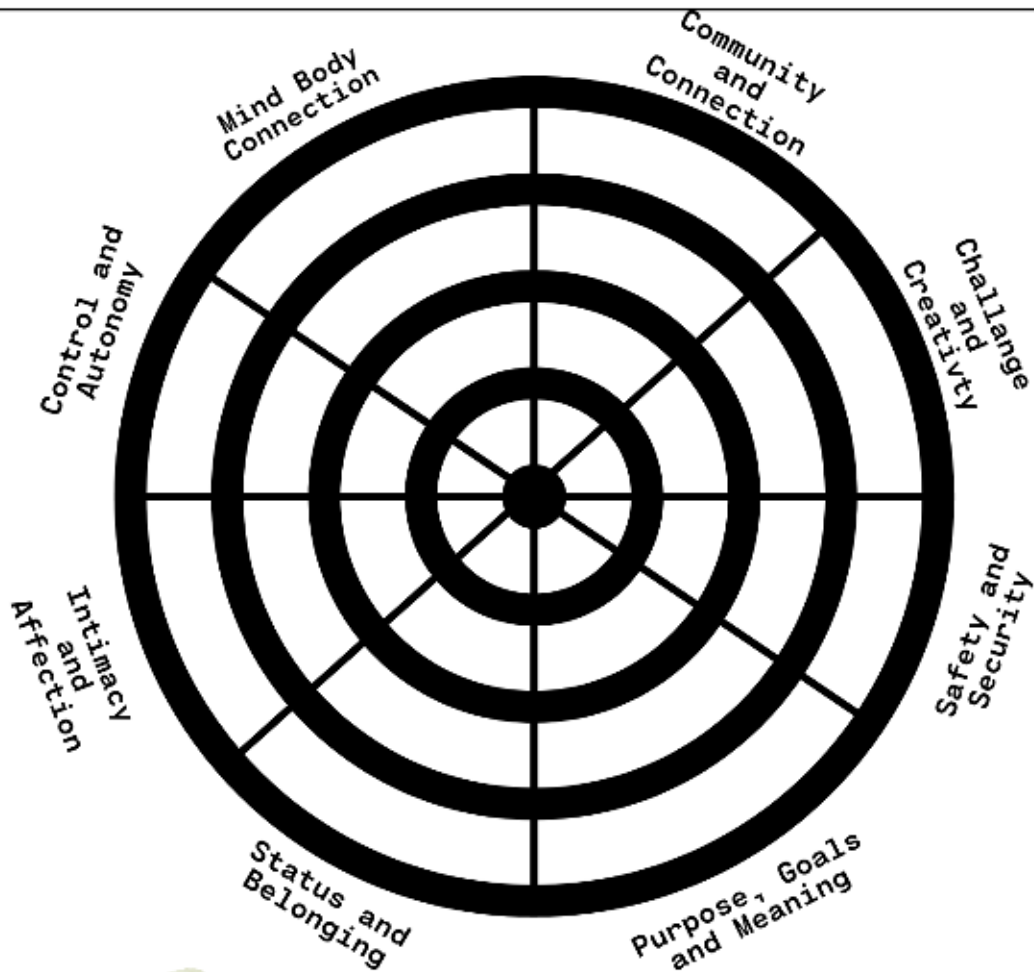
1. MAP IT OUT 2. BREAK IT DOWN 3. ACTION PLAN

Name:

Date:



Mark within the scale, where you feel you currently sit?  
1 being not very strong in the inner circle, 5 being higher (strong)  
in larger circle.



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## EXAMPLES OF AREAS OF NEEDS FIRST STEP- MAP IT OUT

### **Mind, Body Connection**

Diet, sleep, health, anxiety,  
depression, self care, coping skills,  
resilience, self esteem, confidence,  
self care,

### **Control and Autonomy**

Ability to make decisions,  
having options, hope,  
confidence, resources,  
skills.

### **Purpose, Goals and Meaning**

Sense of purpose, hope,  
dreams, contribution, self  
esteem, reason, growth

### **Status and Belonging**

Part of something bigger,  
family, friends, community,  
appreciated, needed, loved,  
cared for, aware of personal  
strengths and values, living  
in alignment with them

### **Community and Connection**

Part of something, school  
community, group, hobbies,  
workplace, online groups, isolation,  
confidence,

### **Challenge and Creativity**

Fun, hobbies, expression,  
projects, strengths, personal  
development, self aware,

### **Safety and Security**

Food, shelter, money,  
safety, family, options,  
resources, rights,

### **Intimacy and Affection**

Relationships, self respect,  
friends, family, children and  
parents, appreciation and  
kindness, being supported  
and needed and giving to  
others



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## BREAK IT DOWN

*What areas do you want to strengthen? what do you want to change about these? Brain storm, what would you like these areas to look like, what's not working*

Area:

Area:

Area:

Area:



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## ACTION PLAN

*Lets put this into action! Write down what can be done, each step, by whom and set a time frame so you can see your progress from week to week*

Action:

By who:

Timeframe:

Action:

By who:

Timeframe:

Action:

By who:

Timeframe:

Action:

By who:

Timeframe:



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NOTES, REMINDERS CONTACTS, APPOINTMENTS

