

**\*Please return this form with the medical form and waiver\***

**Pre-Project Marj Self-Evaluations**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

I. Base your rating of the following abilities on the scale below.

Scale: 1 = Needs Improvement      5= Average      10 = Excellent

- |  |  |
|--|--|
| 1. Self-Confidence                     | 1...2...3...4...5...6...7...8...9...10 |
| 2. Ability to work with others         | 1...2...3...4...5...6...7...8...9...10 |
| 3. Push your limitations               | 1...2...3...4...5...6...7...8...9...10 |
| 4. Communication skills                | 1...2...3...4...5...6...7...8...9...10 |
| 5. Ability to listen                   | 1...2...3...4...5...6...7...8...9...10 |
| 6. Respectfulness                      | 1...2...3...4...5...6...7...8...9...10 |
| 7. Ability to share thoughts and ideas | 1...2...3...4...5...6...7...8...9...10 |

II. Answer the following questions to the best of your ability.

1. What expectations do you have of Project Marj?

2. What expectations do you have of yourself?

3. What are your fears?

4. Do you place limitations on yourself? If so, in what ways do you limit yourself?

5. What do you feel you will gain from Project Marj?

6. What do you believe is the purpose of Project Marj?