Strengths and Weaknesses Assessment

PART 1: PERSONAL INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Address: _____ Email: _____

Contact Number: _____ Occupation: _____

PART 2: INSTRUCTIONS

This assessment is intended to help you understand your strengths and weaknesses. Please be as honest as possible in your responses. It's important to remember that everyone has areas of strength and areas of improvement - this is an opportunity for personal growth. There are no right or wrong answers. Instead, reflect on your experiences, skills, and knowledge as objectively as possible.

PART 3: STRENGTHS ASSESSMENT

Section A: Personal Strengths

Please list five personal strengths (traits or characteristics) you believe you possess. Provide examples where possible.

Section B: Professional Strengths

Please list five professional or job-related strengths you believe you have. Provide examples where possible.

PART 4: WEAKNESSES ASSESSMENT

Section A: Personal Weaknesses

Please list five personal weaknesses (traits or characteristics) you believe you possess. Provide examples where possible.

Section B: Professional Weaknesses

Please list five professional or job-related weaknesses you believe you have. Provide examples where possible.

PART 5: ACTION PLAN

Reflecting on your identified strengths and weaknesses, please describe an action plan for utilizing your strengths and improving upon your weaknesses.

Action Plan for Strengths:

Action Plan for Weaknesses:

PART 6: FEEDBACK

What did you learn from this assessment? How do you feel about the process, and what insights have you gained?