

Self-Regulation: Identifying Stressors 1

Instructor: Present this short strengths assessment as the student participates in an employment experience, school-based vocational experience, community service or volunteer activity, extracurricular activity, individual or group activity, etc.

Name: _____

Date: _____

	1 NEVER	2 SOMETIMES	3 MOST OF THE TIME	4 ALWAYS
1) Do I understand what it means to feel anxious?				
2) Am I able to recognize when I am starting to feel anxious?				
3) Am I able to identify things that tend to cause me to feel anxious?				
4) Am I able to choose a calming activity that can help me control my feelings of anxiety?				
5) When frustrated during my work, do I report my frustrations to the appropriate person?				
6) Do I explain my frustrations calmly and with the appropriate words?				
7) Do I recognize when I am feeling angry at school and/or work?				
8) Am I able to control my feelings of anger and not show that I am upset?				
9) If I do get upset, do I recognize that I need to do something to calm myself?				
10) If I am having difficulty controlling my anger, can I go to my supervisor/instructor and ask for help?				
11) Am I able to choose a calming activity that can help me control my feelings of anger?				