

SKILLS INVENTORY

MMA Program



Instructions:

Please complete the first section of the inventory for yourself checking off whether the areas listed in Section A are a strength or a weakness for you, or neutral (perhaps it is neither a strength nor a weakness). Also complete Sections B and C listing any personal sensitivities you may have and any unique personal situations you are experiencing (all factors that will impact you throughout your MMA). Then meet with your team members and have them share their skill sets, personal sensitivities and life situations with you. Fill in the subsequent areas for each member as they share.

Save electronically to your team's shared resource area for a valued inventory of team information that can be drawn upon throughout the time you are in the Program.

Your Name: _____ (Complete this section yourself)

	Strength	Weakness	Neutral
A. Writing Skills			
Quantitative Skills			
Presentation Skills			
Oral Communication Skills			
Organization Skills			
Technology Skills			
Social Sensitivity Skills			
Other (Specify):			
B. Personal Sensitivities (i.e. allergies, intolerance to scents, etc.)?			
C. Personal Situation (life events during program, family situation, upcoming travel, level of employer support, other constraints, etc.)?			

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