

My Bio Sheet

Name: _____ L#: _____

Program of Study: _____ Subject/Major: _____

My Life Role's (i.e., student, parent, employee, caregiver):

My Motivation (i.e., security, stability, advancement, self-improvement):

My Resources and Sources of Support (i.e., significant other, family, faith, best friend, instructor, counselor, advisor):

My Expectations/Outcomes (i.e., GPA, degree completion, employment):

My Obstacles or Barriers (i.e., compromise boundaries, procrastinate/task avoidance, self-doubt, work, health):

How can your BOC instructor best help you overcome barriers or obstacles and assist you in achieving your goals?
