|  |  |  |
| --- | --- | --- |
| **TYPE OF RELATIONSHIP**  (Family, Friend, Community, Sports, Neighbor, School) | **WHAT DO I WANT TO IMPROVE?**  (Communication, Getting along, Being kind, Having assignments done, Being actively involved in my community, etc.) | **WHAT THINGS COULD I DO TO IMPROVE MY RELATIONSHIP?** |
|  |  | 1.  2.  3.  4.  5.  6. |
|  |  | 1.  2.  3.  4.  5.  6 |
|  |  | 1.  2.  3.  4.  5.  6. |
|  |  | 1.  2.  3.  4.  5.  6. |

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