

Teen Faith Gifts Self-Assessment Form

Personal Information

Name

Age

Email

Self-Assessment Questions

1. How comfortable do you feel sharing your faith with others?

1

☐ ☐ ☐ ☐ ☐

5

2. How often do you help or serve others in your community?

1

☐ ☐ ☐ ☐ ☐

5

3. How easily do you encourage and uplift your friends?

1

☐ ☐ ☐ ☐ ☐

5

4. Are you able to explain your beliefs when asked?

1

☐ ☐ ☐ ☐ ☐

5

5. Do you often find yourself comforting others in difficult times?

1

☐ ☐ ☐ ☐ ☐

5

Reflection

What do you feel are your greatest faith-related strengths?

What areas of your faith would you like to grow?