

# Self-Assessment: Likes & Dislikes Inventory

**NAME** \_\_\_\_\_

*Please finish each thought by writing honest answers to each of the thoughts below.*

1. I like to \_\_\_\_\_

2. I worry over \_\_\_\_\_

3. My feelings are hurt when \_\_\_\_\_

4. When I read, I \_\_\_\_\_

5. I hate to \_\_\_\_\_

6. I am afraid that \_\_\_\_\_

7. I feel proud when \_\_\_\_\_

8. I am happy when \_\_\_\_\_

9. I get angry when \_\_\_\_\_

10. I love \_\_\_\_\_

11. I feel ashamed when \_\_\_\_\_

12. In my free time I like to \_\_\_\_\_

13. A famous person I would like to meet is \_\_\_\_\_

14. I would like to go on a vacation to \_\_\_\_\_

15. My favorite video is \_\_\_\_\_
16. I am best at \_\_\_\_\_
17. For a pet, I would like to have a \_\_\_\_\_
18. If I changed my name it would be \_\_\_\_\_
19. My favorite TV program is \_\_\_\_\_
20. What class do you like most? \_\_\_\_\_
21. What class do you like least? \_\_\_\_\_
22. What things have you made? \_\_\_\_\_

Please continue to respond to these with a word that you think of first.

Favorite color	Favorite candy
Worst color	Favorite drink
Favorite animal	Favorite Type of Music
Least favorite animal	Favorite Song
Favorite food	Favorite Season
Worst food	Favorite Day of the Week
Favorite junk food	Favorite sport
Favorite restaurant	Sport you hate
Favorite Ice Cream Flavor	Least favorite day of the week

When finished with the above, hand to your teacher. Teacher will file the inventory in your student file folder, or you may place it there yourself.