



Working with Others

Interacting with others to complete tasks.

<i>I am confident in my ability to...</i>	Yes	Somewhat	No
Work with limited direction or supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with others to schedule and coordinate job tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete my assigned work on time to ensure team deadlines are met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give or follow recommendations or instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize the strengths and weaknesses of other team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use feedback from co-workers to improve my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give feedback to help others improve their work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolve conflicts when working with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take on a leadership role (e.g. mentor, advisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total			



Thinking

Finding and evaluating information to make informed decisions or to organize work.

<i>I am confident in my ability to...</i>	Yes	Somewhat	No
Recognize and identify problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use past experiences to help solve problems or make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify several reasonable options to address a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate options and choose the best course of action when confronted with a problem or a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make reasonable assumptions when information is unavailable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find and use relevant information required to complete a task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Continuous Learning

Participating in an ongoing process of improving skills and knowledge.

<i>I am confident in my ability to...</i>	Yes	Somewhat	No
Understand my skills strengths and areas for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a learning plan with guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seek learning opportunities, materials and/or resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn from past experiences and apply lessons learned to new situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try new ways of doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn from others (e.g. seek feedback from an experienced journey person).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take responsibility for my own learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply new skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep my skills up-to-date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask questions when information is unclear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn by reading and researching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>



Skills summary

- Identify your Essential Skills strengths – skills with less than five checkmarks in the *Somewhat* and/or *No* columns.
- Identify areas for improvement – skills with five or more checkmarks in the *Somewhat* and/or *No* columns.
- Record your results in the space provided.
- Use your results to develop a training plan.

My Essential Skills strengths (e.g. reading)

1. _____

2. _____

3. _____

Areas for improvement (e.g. working with others)

1. _____

2. _____

3. _____

For more information on Essential Skills and related resources, visit

hrsdc.gc.ca/essentialskills

For more information on the Interprovincial Standards Red Seal Program, visit

www.red-seal.ca

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