

Name: _____ Date: _____

In the Issues Group, the first thing we want to know is if this is the right place or you.

DO YOU HAVE A PROBLEM THAT YOU WANT TO WORK ON IN THE PROGRAM?

() **NO.** I don't have a problem to work on in this program.

Please write ten responses that support your belief that you do not have a problem to work on in this program.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

() **Yes.** I have a problem that I want to work on in this program.

Please list ten things that you have done that make you believe that you have a problem to work on in this program.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____
