## **FUTURE ASSESSMENT**

| Marine Name:  | Date:                                     |        |
|---|---|--------|
| Counselor Name:   |   |        |
| Goal Setting (Any areas marked as "No are opport  | cunities for mentorship)                  | Y or N |
| Do you have written long-range career goals?  |   |        |
| Do you have written long-range financial goals?   |   |        |
| Do you have written long-range goals for your relationships (family and friends)?                             |   |        |
| Do you have written long-range fitness goals?   |   |        |
| Do you have clearly defined career, fitness, financial, and family goals for this year?                       |   |        |
| Are your goals specific, measurable, attainable, relevant, and time limited (SMART)?                          |   |        |
| Are your goals mutually supportive?   |   |        |
| Have you discussed your goals with your supervisor/mentor?  |   |        |
| Have you discussed your goals with family and friends and do you have their support?                          |   |        |
| Do you plan out and write out action steps for each week to make progress on all your goals?                  |   |        |
| Do you feel your time in the Marine Corps is helping you to accomplish your personal goals?                   |   |        |
| Do you review your long-range goals monthly and your annual goals weekly?                                     |   |        |
| Time Management   |   | Y or N |
| Do you maintain a daily planner or leader's logbook?  |   |        |
| Do you keep track of all appointments and key events in your planner/logbook?                                 |   |        |
| Do you plan your week in advance and schedule action steps for each of your goals?                            |   |        |
| Do you plan each day the night prior?   |   |        |
| Do you accomplish your planned goals each day?  |   |        |
| Do you ever miss appointments or are you ever late for appointments or events?                                |   |        |
| Do you PT consistently, save money consistently, study consistently and still have enough personal free-time? |   |        |
| Do you remember important dates such as anniversaries, birthdays, holidays, etc?                              |   |        |
| Do you ever feel yourself over burdened with tasks or like you are always putting out fires?                  |   |        |
| Self Assessment   |   | Y or N |
| Do you review each week at the end of the week to items?  | see how well you accomplished your action |        |
| Do you identify areas for improvement each week and make appropriate adjustments?                             |   |        |
| Do you discuss with your supervisor barriers that you feel are hindering your progress?                       |   |        |
| Do you identify scheduling conflicts well in advance and find ways to resolve the conflicts?                  |   |        |
| Are you improving upon your ability to estimate how long it takes to get things done?                         |   |        |
| Do you procrastinate, and if so, have you found ways to overcome your procrastination?                        |   |        |
| Do you feel in control of your life, or do you feel out of control?   |   |        |
| Do you have balanced success in all areas of your life, and does the future look great?                       |   |        |