



Name: _____

Date: _____

Vocabulary

Values (n.) the beliefs and ideals that matter most to you

Warm-Up

Instructions

1. Read each behavior and rate how important it is to you by putting a check mark on the rating scale.
2. Leave the “Values” column blank.

| Behaviors | Rating Scale | | | | Values |
|---|---------------|--------------------|----------------|---------------------|--------|
| | Not Important | Somewhat Important | Very Important | Extremely Important | |
| <input type="checkbox"/> Telling the truth | | | | | |
| <input type="checkbox"/> Creating art, dance, or music | | | | | |
| <input type="checkbox"/> Standing up for people I care about | | | | | |
| <input type="checkbox"/> Spending time with my family | | | | | |
| <input type="checkbox"/> Speaking up when I see something wrong | | | | | |
| <input type="checkbox"/> Not giving up on what I want even when it's hard | | | | | |
| <input type="checkbox"/> Following through on my word | | | | | |
| <input type="checkbox"/> Being genuine and not fake | | | | | |
| <input type="checkbox"/> Making my family proud | | | | | |
| <input type="checkbox"/> Learning new and difficult things | | | | | |
| <input type="checkbox"/> Treating others with respect | | | | | |
| <input type="checkbox"/> Wearing clothes that reflect my personality | | | | | |
| <input type="checkbox"/> Standing up for my beliefs | | | | | |
| <input type="checkbox"/> Hanging out with friends | | | | | |

Warm-Up (cont.)

| Behaviors | Rating Scale | | | | Values |
|---|---------------|--------------------|----------------|---------------------|--------|
| | Not Important | Somewhat Important | Very Important | Extremely Important | |
| <input type="checkbox"/> Getting good grades | | | | | |
| <input type="checkbox"/> Helping or being useful to others | | | | | |
| <input type="checkbox"/> Treating others with kindness | | | | | |
| <input type="checkbox"/> Being a good friend | | | | | |
| <input type="checkbox"/> Being generous and sharing with others | | | | | |

Activity: My Important Behaviors

Instructions

1. Find the behaviors that you rated as very important or extremely important in the table above.
2. Put a check mark next to the five behaviors that are the most important to you.

Activity: My Values

Instructions: With your partner:

1. Share your top five behaviors.
2. Help each other name the values guiding your behaviors.
3. Write your value(s) in the “Values” column in the table above.

Wrap-Up

Think of a situation when you chose to behave a certain way or made a decision based on a value you hold.

1. What was the situation?

2. What was the value?

3. What was the behavior you chose, or the decision you made?
