

HOW DO YOU WORK BEST?

WORKSHEET

Name

Date

Read each statement and choose either is suitable for your work style or not.

I Like to work while sitting at my desk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work by moving around them	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work by myself	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work on the floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work with bright lights on	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work with music on	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work with a partner or group	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work on my assignment until it's done	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work at a table or desk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I like to work shile standing up	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I work best with calm music on	Yes <input type="checkbox"/>	No <input type="checkbox"/>