

NAME \_\_\_\_\_ CLASS \_\_\_\_\_

**MY SELF-CONCEPT GROWS AND CHANGES**

Fill in the following box with words or phrases that best describe your self-concept at the designated time. You may have to talk to parents or friends to help you remember some parts of your life.

INFANT/TODDLER	ELEMENTARY SCHOOL
JUNIOR HIGH/MIDDLE SCHOOL	HIGH SCHOOL

**EXTRA CREDIT:** Have one of your parents complete this same exercise. Compare your answers. Are you similar to your parent?