

Name \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_/30

## COPING WITH CHANGE • CHANGING IN ORDER TO COPE

1. List changes that occur in areas of your life in the changes column. Then mark the column of the person who controls these changes. You may need to mark more than one column.

CHANGES	I CONTROL	PARENTS' CONTROL	SOCIAL CONTROL	CANNOT CONTROL
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2. Why must you be able to cope with change as it occurs in your life? \_\_\_\_\_

3. Does change ever stop? \_\_\_\_\_

4. From the list above, choose the 3 changes you think would have the greatest impact upon you. Write them in the boxes below.

5. List 3 things you could do that would help you cope with change in a positive manner.

CHANGE	COPING TECHNIQUES
1.	1.
	2.
	3.
2.	1.
	2.
	3.
3.	1.
	2.
	3.

