

Evaluate Your Qualifying From 1 to 10	1	2	3	4	5	6	7	8	9	10
Why did you give yourself this rating?										
What areas do you excel in your qualifying and what areas do you need to work on?										
What benefits do you hope to see by improving your qualifying?										
Write a specific action step you will take daily to grow in your qualifying										
Checklist for the daily practice of your qualifying	M	T	W	T	F	S	S			

Sales Associate Name: _____ Completion Date _____

Manager's signature: _____