## PERFORMANCE VALUES

Name:	Date:
1. Under each performance do	you better direct your actions on a daily basis. main, specify an associated performance value. ted counter-action(s) in service of that value.
Training: How do you want to ap	pproach training? Why is this important to you?
Barriers and necessary actions:	
Performance: How do you want	to approach performing? Why is this important to you
Barriers and necessary actions:	



Cast mate: What type of cast mate do you want to be? Why is this important to you?
Barriers and necessary actions:
<b>Industry member</b> : What type of industry member do you want to be? Why is this important to you?
Barriers and necessary actions:
<b>Well-being</b> : How do you want to approach well-being? Why is this important to you?
Barriers and necessary actions:

(Adapted from Gardner & Moore, 2007)

