Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pd;: \_\_\_\_\_\_\_\_\_\_

**DO YOU HAVE THE PRIVILEGE?**

Highlight the end of the scale you feel personally apply to you. Also mark it the degree you feel it applies to you

(More towards the end of the line is the most...more towards the middle is the least).

