

# My Circle of Trust

First Name or Initials	Gender M / F / T	Sexual Orientation Hetero/LGBTQ	Race/ethnicity W / B / L / A	Age	Level of Education HS/ CE/ HE	Disability Yes / No	Marital Status M / S	Place of Origin Nat. / For	English as First Language Yes / No
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2.									
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Notes:

Adapted from Scott Horton, Delta Concept Consultants

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