

## FAMILY STRENGTHS ASSESSMENT

Date: \_\_\_\_\_

Dear Parent/Caregiver:

Welcome. This assessment is designed to serve the following purposes:

- Provide your child's service coordinator/team with valuable information about the way your family functions;
- Provide you and your family with an opportunity to identify your priorities and goals for this intervention.

We appreciate the time it takes to fill out an assessment of this size, and assure you that the information provided by you will be held in confidence. If you have any questions at any time, please refer them to your service coordinator. Thank you very much.

### FAMILY INFORMATION:

1. Please identify the three most significant challenges currently facing your child/family:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

2. Of all the things you have tried, what has worked the best?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. What does your *child* enjoy, or do particularly well?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Note: This can be filled out in a face-to-face meeting or by the parent in private & then reviewed face-to-face*

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Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

4. What are some positive things about your family?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

5. Other than immediate family members, please identify the most *important* people in your child's life. (Please include those people to whom your family turns for support, including: friends, clergy, extended family members, service providers, neighbors, day care or respite providers...):

Name:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. What are the most convenient days/times for your family members and others important to you to attend team meetings?

\_\_\_\_\_

\_\_\_\_\_



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Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

7. Please share any additional information you feel is important about your child/family.

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**FAMILY GOALS:**

1. What are your hopes and dreams for your family?

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2. What does your family hope to accomplish over the next *few weeks*?

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3. What does your family hope to accomplish over the next *few months*?

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4. If you could try anything at all (if support, money and resources were unlimited) to improve your family situation, what would it be?

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Thank you for taking the time to complete this assessment.

Please return in the stamped, self-addressed envelope provided, by \_\_\_\_\_.

Address comments/questions to:

\_\_\_\_\_, Family Facilitator