

Family and Youth Strengths & Needs Assessment

All information gathered is confidential

Child's Name: _____
Address: _____

Type of Order: _____

Phone: _____
Date of Birth: _____
Social Security #: _____
Posit Score: _____

Parents:

Relationship to Child	Name	Race	Ethnicity	Date of Birth	Gender	Marital Status	Education Level	Mailing Address (If different from above information)
Mother								
Father								

Please list people who live in the home of the child:

Relationship to Child	Name	Race	Ethnicity	Date of Birth	Gender	Marital Status	Education Level	Mailing Address (If different from above information)

Social Worker: _____
Date Assessment Completed: _____

Dates Reviewed: _____

Health Insurance:
MA Number: _____
MA Provider: _____
Private Provider: _____

Family Functioning

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>Describe relationship with the family: How do members show they care/affection? Are parent/child boundaries present? How do you resolve conflict? How do you discipline/consequence? How much time do you spend together?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: <hr style="width: 100%;"/>
<p>Strengths</p>	<p>Needs</p>	

Temperament

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>How does your child solve problems? How well does your child cope with problems? How well does your child cope with frustrations? How does your child problem-solve/cope with anger? Is your child impulsive? Does your child have a history of self-harm? Does your child have a history of mental health/medication? Is your child a leader or a follower? When consequence, does your child comply? Has your child ever threatened you or anyone else?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: <hr style="width: 100%;"/>
Strengths	Needs	

Antisocial Thinking

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
Does your child show empathy for others? Does your child show remorse when doing something wrong? Does your child respect authority? Does your child place blame/minimize behaviors? Does your child accept responsibility? What has been your past experience with the Police Department, DHS, Court, DA (system bashing)?	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: <hr style="width: 100%;"/>
<p>Strengths</p>	<p>Needs</p>	

Peers

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>Who are your friends? Do they get into trouble? What do you do together? Do your parents approve of your friends? Does your child identify with a gang? Does your child identify with any specific social group?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: <hr style="width: 100%;"/>

<p>Strengths</p>	<p>Needs</p>
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Lesser Needs Substance Abuse

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>Substance Abuse Have you ever used drugs/alcohol? If you have used, what is your drug of choice? What is your frequency? Does any family member have a history of AODA? Have you ever received AODA education or treatment?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: _____

Strengths	Needs
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Education

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>Education Do you like school? What is your favorite thing about school? What is your least favorite thing about school? Are you in any special programming? Do you want to graduate? What do you want to do after school (do you plan any post-secondary schools)? Attendance/Grades?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: _____

Strengths	Needs
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Lesser Needs Employment

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>Employment Have you ever worked? Are you working? Would you like to work? If yes, where?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: _____

Strengths	Needs
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Leisure

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>What do you like to do with your free time? Do you go to church/other community events? Are you in any extra-curricular activities? What does your family do for fun?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: _____

Strengths	Needs
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Competencies

Competencies		
	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>1. Repairing Harm Personal strengths the youth has that she/he can use to make up for past mistakes</p> <p>A. Where have you learned about how to decide right from wrong (e.g., parent, teacher)? What are some examples of what they taught you?</p> <p>B. Think about what got you in trouble this last time. Who did it hurt? Is there anything you've already done to make up for your actions? What (else) you could do?</p> <p>C. What could you do to show people that you'll make different decisions in the future? How would these choices benefit you?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: _____
Strengths	Needs	
<p>2. Creating a Healthy Identity Positive skills and qualities the youth has that will help her/him succeed. Behaviors the youth exhibits that reflect a positive identity</p> <p>D. How do you like to spend your free time? Hobbies? Sports? Music/Movies?</p> <p>E. Are you going to school or working anywhere (or have you ever)? What types of things did you enjoy? What were you good at?</p> <p>F. What types of skills do you have? How do you think these skills will help you in your life?</p> <p>G. One of the things we'll be doing together is making some plans for the next few months. What goals would you like to try to achieve in the next _____ months? What areas would you like to explore?</p> <p>H. How would you describe yourself?</p> <p>I. What is something you like about yourself?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: _____
Strengths	Needs	
<p>3. Connecting with Family, Peers, and Community Positive people in the youth's life who can serve as a resource for her/him</p> <p>J. Who do you spend most of your time with?</p> <p>K. Do you have any positive adult connections?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: _____
Strengths	Needs	

Basic Needs & Financial

	Is this an area of strength?	Level of need (1=No need, 5 =Great need)
<p>Income</p> <p>What is your family's source of income:</p> <ul style="list-style-type: none"> - Employed or Unemployed, if so unemployment benefits - Child Support - Social Security - Medical Assistance <p>Do you feel like your family's housing, food and clothing needs are met?</p> <p>Do you have reliable transportation?</p> <p>Do you have access to childcare?</p>	<input type="checkbox"/> Strength	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Person(s) in need: _____

I was actively involved in completing my Family and Youth Strengths & Needs Assessment

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Signature of Youth

Date

Signature of Worker

Date

Summary of Strengths and Needs Assessment

Name:

Completed with the team on:

		<u>Level of Need:</u>		
Family Functioning				
Strengths				
Needs				
Temperament				
Strengths				
Needs				
Antisocial Thinking				
Strengths				
Needs				
Peers				
Strengths				
Needs				
Substance Abuse				
Strengths				
Needs				
Education				
Strengths				
Needs				
Employment				
Strengths				
Needs				
Leisure				
Strengths				
Needs				
Competencies	Repairing Harm	Healthy Identity	Connecting with Family/ Peers	
Strengths				
Needs				
Basic Needs & Financial				
Strengths				
Needs				