

Child Strength Assessment

Child's Name: _____

Date of Referral: _____

Date Completed: _____

1. The things I like to do after school are:

2. If I had ten dollars, I would:

3. My favorite TV programs are:

4. _____ is my favorite subject in school because:

5. Tell me about your best friend:

6. My favorite time of day is:

7. My favorite music is:

8. My favorite things to read are:

9. My favorite foods are:

10. My favorite inside activities are:

11. My favorite outside activities are:

12. My hobbies are:

13. My favorite animals are:

14. The three things I like to do most are:
