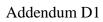




Child Strength Assessment

	Child's Name:		
te of	f Referral:	Date Completed:	
The	e things I like to do after school are:		
If I l			
My i			
Tell	Il me about your best friend:		
TCII			
My i	y favorite time of day is:		
My i	favorite music is:		
My 1	favorite things to read are:		
	Th My Te My	If I had ten dollars, I would: My favorite TV programs are: is my favorite subject	The things I like to do after school are:





9.]	My f	Cavorite foods are:
	-	
10.	Му	favorite inside activities are:
	-	
11.	My	favorite outside activities are:
	-	
12.	Му	hobbies are:
	-	
13.	Му	favorite animals are:
	-	
14.	The	e three things I like to do most are:
	_	