

## Family Strength Assessment

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

Date of Referral: \_\_\_\_\_

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

1. The things that I like most about my children are:

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2. My life/my family would be better six months from now if:

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3. Tell me one of your strengths; something you do well:

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4. When was a time in your life when you felt most happy:

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5. What activities do you and your family enjoy together? What are some of your best times together?

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6. Name some rules that your family has:

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7. Who are the people that you call when you need help and/or trust to be there when you need them?

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8. What are your family traditions? In which cultural events does your family participate?

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9. Are there any special values or beliefs taught to you by your parents or other people who are important to you?

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10. Does your family belong to any part of a faith community? In what way? Would you like to be connected with one?

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11. Are you active socially and/or in your community?

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