

Family Strength Assessment

Family Name: _____

Date of Referral: _____

Date Completed: _____

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

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

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

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

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

6. Name some rules that your family has:

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

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

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

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

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