Strengths Assessment

Client Name:	Worker Name:	Meeting Frequency:
Carol	**Rick**	**Weekly**

Current Strengths: What are my current strengths? (i.e. talents, skills, personal and environmental strengths)	My Desires and Aspirations: What do I want?	Past Resources – Personal, Social, & Environmental: What strengths have I used in the past?
Home/Daily Living		
Living in transitional living apartments.	*I want my own place*	*I have lived on my own before and did well. I cooked my own meals, had washer and dryer, kept my place clean*
Assets - Financial/Insurance		
Employment/Education/Specialized Knowledge		
		I once worked at a pet store. Loved getting the birds used to being handled *I was really good at art in high school. It was my favorite subject.*
Supportive Relationships		
	I want to be married but with no children	*My grandmother raised me and was like a mother* *People at the center have always been around to check-in on me*

Wellness/Health		
	I would like to have less side effects from the medications. Not feel drowsy or "zoned out:	

Leisure / Recreational		
	I would like to get back into art. I enjoy drawing wildlife, especially birds	*Drawing helped me cope with life. "I like nature and animals more than I like people"* *I used to write poetry. Helped me get my feelings on paper.*

Spirituality/Culture		

What are my priorities?

1. I want to something to live for.   3.

2.   4.

What is most important and meaningful to me in my life right now:					
On a scale of 1 (very dissatisfied) to 5 (very satisfied), how satisfied are you with…					
Your current housing situation?	1	2	3	4	5
Your current employment situation?	1	2	3	4	5
Your current education situation?	1	2	3	4	5
The supportive relationships currently in your life?	1	2	3	4	5
Your current amount of community involvement?	1	2	3	4	5

1 = Very dissatisfied, 2 = Somewhat dissatisfied, 3 = Neither satisfied nor dissatisfied, 4 = Somewhat satisfied, 5 = Very satisfied