

**Hancock County
Family First Council
Wraparound
CHILD Strength Assessment
Form**

Date of Visit _____

Date of referral _____

IDENTIFYING DATA

Family

Name: _____ Phone: _____

Child's Name: _____ Birthdate: ___ / ___ / ___

Residence

Address: _____ City _____ State _____ Zip _____

School program of child _____ Grade level _____

Father's occupation _____ Mother's occupation _____

Mother's educational level _____ Number of moves in last 5 years _____

Birth order of child _____

PARTICIPANTS to assessment

Name of respondent _____ Birthdate ___ / ___ / ___ relationship _____

Name of other participants _____

1. The things I like most about my parents, grandparents, brother, sisters are:

2. My life would really be better six months from now if:

3. My family's life would really be better six months from now if:

4. The most important thing I have ever done is:

5. I am happiest when:

6. The best times we have had as a family are:

7. Name some special rules that your family has:

8. Who are persons you call when you need help and want to talk. Who has helped you in the past when you needed help? Who can you REALLY trust?

9. What activities do you and your family enjoy together? What do you enjoy the most yourself?

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

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

12. Does your family belong to any church? What activities do you enjoy there?

Notes/ Additional comments:

Interviewer Signature: _____ Date: ___/___/___