

STRENGTHS ASSESSMENT FORM

Linkage Coordinator's

Copy

Client ID: _____

LC's Name: _____

Date: _____ Session Number: _____

Is this the first assessment completed for the client or is it an amendment? _____

1. What strengths, skills, or abilities did the client identify (either directly or indirectly)?

a. Strengths:

b. Skills:

c. Abilities:

d. Which items from the Life Domains List, if needed, prompted the client?

2. What examples did the client give about a time when they successfully faced barriers?

a. What did they do to overcome the barrier(s)?

3. What did the client explicitly say they were good at?

4. What did the client implicitly say they were good at, i.e., what did you hear them say?

a. Did the client agree with what you heard as something they are good at once you repeated it back?

5. What example(s) did the client give about a time/experience when they felt like most things were going well in their life? What were they doing to make them go well?

STRENGTHS ASSESSMENT FORM

Client's Copy

Date: _____ Session Number _____

New Assessment or Updated Assessment? (Circle one)

1. My strengths, skills, or abilities identified:

a. Strengths:

b. Skills:

c. Abilities:

2. Examples I gave about a time(s) that I successfully faced barrier(s) in my life:

a. Example of barrier(s):

b. Things I did to overcome the barrier(s):

3. Things I am good at:

4. Example(s) of when I felt like most things in my life were going well:

a. Things I did to make them go well: