



Family & Children First Council
Wraparound
Parent Strength Assessment

Date of Visit ___/___/___

Date of Referral ___/___/___

IDENTIFYING DATA

Family Name _____ Phone (____) _____

Child's Name _____ Birthdate _____

Residence Address _____ City _____

State _____ Zip _____

School _____ Grade Level _____

Father's occupation _____ Mother's occupation _____

Mother's education _____ Father's education _____

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 child(ren) are:

2. My life would really be better in 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:

ATTACHMENT K

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 the people you call when you need help and/or want to talk? Who has helped you in the past when you needed help? Who do you feel you can trust to be there when you need them?

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

ATTACHMENT K

12. Does your family belong to any part of a faith community? In what way? Do you belong to any social clubs?

Notes/additions:

Interviewer's signature: _____ Date: __/__/__

Parent's signature: _____ Date: __/__/__