

Strengths Assessment Worksheet

For:

Date:

| Current Strengths: What are my current strengths? (i.e. talents, skills, personal and environmental strengths) | Future Hopes, Goals & Aspirations: What are my best hopes for the future? What is my ideal vision for the future? | Previous Experiences, Resources – Personal and Social: What have I achieved in the past? Who has helped in the past? |
|---|--|---|
| Home & Daily Living Activities / Local Amenities / Comfort & Security | | |
| | | |
| Money Matters – income, savings, property, security, budgeting | | |
| | | |
| Employment / Education / Specialized Knowledge and Skills / Volunteering | | |
| | | |
| Family / Significant and Supportive Relationships / Community Participation | | |
| | | |

Strengths Assessment Worksheet

| Wellness / Health / Well-being / Flourishing | | |
|--|--|--|
| | | |
| Leisure / Recreational / Having Fun / Relaxation | | |
| | | |
| Spirituality /Values / Culture / Meaning | | |
| | | |

What would I like to work on first?

1.

3.

2.

4.

| | |
|---|--|
| Additional comments or important things to know about me: I want to try to help other people, family | |
| <i>This is an accurate portrait of the strengths we have identified so far in my life. We will continue to add to these over time in order to help me achieve the goals that are most important to me in my recovery journey.</i> | <i>I agree to help this person use the strengths identified to achieve goals that are important and meaningful in their life. I will continue to help this person identify additional strengths as I learn more about what is important to their recovery.</i> |
| _____ My Signature Date | _____ Service Provider's Signature Date |