

Strengths assessment for _____

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Current strengths <i>What are my current strengths?(i.e. talents, skills, personal and environmental strengths)</i>	Individual desires and aspirations <i>What do I want?</i>	Past resources (Personal, social and environmental) <i>What strengths have I used in the past?</i>
Home/Daily living		
Assets: Financial/Insurance		
Employment/Education/Specialised knowledge		

Supportive relationships		
Wellness/Health		
Leisure/Recreational		
Spirituality/Culture		

What are my priorities?

1.

2.

3.

4.

Additional comments or important things to know about me.

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 my recovery journey.

My Signature:

Date:

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.

Clinician's

signature:

Date:
