PERFORMANCE MEASUREMENT AND CLIENT TOOLS, POLICIES, AND PROCEDURES

# Assessment: Personal Strengths Assessment Introduction

## Purpose

To complete a comprehensive assessment of the client’s current situation with a focus on strengths including a delineation of desired goals and personal resources.

## Procedure

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|  | procedures to follow |
| **1** | Once the client has agreed to participate in the Pathway of Hope program and signed off on the initial intake documents, a second interview will need to be scheduled in order to gather additional information needed to assess current client status/needs through the completion of the Personal Strengths Assessment. |
| **2** | The Strengths Based Assessment Guidelines should be referenced when interviewing a client to obtain the information needed to complete the Personal Strengths Assessment. Each section of the Personal Strengths Assessment also contains guided questions that can be utilized to facilitate the client interview process. |
| **3** | The Personal Strengths Assessment includes six major areas: Daily Living Situations, Family Finances, Education, Social Supports, Health and Spirituality. The interview process should include questions regarding the client’s current situation, aspirations and personal resources in relationship to the six domains. |
| **4** | In order to gather all of the information for the assessment, more than one interview session may be required. Upon the completion of the assessment, facilitate a discussion with the client to ascertain and document current goals.  |
| **5** | Provide the client with the completed assessment and place a copy in the client file. |
| **6** | The assessment should be utilized as a tool throughout the time of a client’s involvement in the Pathway of Hope program in order to reevaluate the client’s status and progress toward achieving desired goals. |

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**Assessment:** Client Strengths Assessment Tool

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| --- |
| **Client Information** |
| **Client:** |  |
| **Caseworker:** |  |
| **Date:**  |  |
|  |
| **Sufficiency Categories** |
| **Current Client Situation**What’s going on today? | **Client Desires and Aspirations**What do I want? | **Client Resources**What have I used in the past?What’s available now? |
| **Daily Living Situation** |
| Guide Questions:1. Where do you live? How long have you lived there?
2. With whom do you live?
3. What do you like about where you live?
4. How do you get around?
5. What is your current source(s) of food?
 | Guide Questions:1. Where would you like to live?
2. With whom would you like to live?
3. What is your preferred means of transportation?
4. How/where would you like to get food?
 | Guide Questions:1. Where is the best place you’ve lived before?
2. How did you find it?
3. What did you do to take care of it?
4. What means of transportation have you had in the past?
5. What have been your past sources of food?
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| Comments: | Comments: | Comments: |
|  | **Family Finances** |  |
| Guide Questions:1. What are your sources of earned/unearned income?
2. What government or other benefits/assistance do you receive?
3. What do you spend your income on?

 \*Complete *Client Budget*  *Management Worksheet* | Guide Questions:1. What is your preferred amount of income?
2. Do you wish to change your income?
3. Are you willing to change how you spend your income?
 | Guide Questions:1. Was there a time when you had more income?
2. What was the source of that income?
3. How has your spending been different in the past?
 |
| Comments: | Comments: | Comments: |
|  | **Education (Youth & Adult)** |  |
| Guide Questions:1. What is your current level of education?
2. What are your skills?
3. How are your children doing in school?
 | Guide Questions:1. Do you wish to pursue further education? When?
2. What level of education do you desire for your children?
 | Guide Questions:1. Have you tried in the past to further your education?
2. If not, have you tried applying for school in the past?
3. What have been obstacles to furthering your education?
4. Are there obstacles hindering your children’s education?
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| Comments: | Comments: | Comments: |
|  | **Social Supports** |  |
| Guide Questions:1. Who is part of your social support system?
2. Do you or your children participate in any groups/community activities?
3. Who is part of the social support system of your children?
 | Guide Questions:1. How would you want your social support system to be different?
2. Are you interested in joining or having your children join any groups/community activities?
 | Guide Questions:1. Was there a time when you felt you had a better social support system?
2. Did you or your children ever participate in any groups/community activities?
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| Comments: | Comments: | Comments: |
|  | **Family Health** |  |
| Guide Questions:1. How is your health?
2. How is the health of your children?
3. What are your current resources for

 healthcare? | Guide Questions:1. What would you want to be different about your family’s health?
2. What healthcare resources do you wish to have?
 | Guide Questions:1. Was there a time when your family was in better health?
2. Have you ever had better healthcare resources? How did you like them?
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| Comments: | Comments: | Comments: |
|  | **Spirituality** |  |
| Guide Questions:1. How does spirituality fit into your life (if at all)?
2. Do you or your children attend church or other religious services?
 | Guide Questions:1. How would you like spirituality to fit into your life?
2. Do you wish to receive guidance on spiritual matters?
 | Guide Questions:1. Was there ever a time when your spirituality was different?
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| Comments: | Comments: | Comments: |
| **Client Goals** |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **Notes:** |
|  | ***Client Signature:*** |  |