

# Strengths Assessment

for \_\_\_\_\_

<b>Current Strengths:</b> What are my current strengths? (i.e. talents, skills, personal and environmental strengths)	<b>Individual's Desires, Aspirations:</b> What do I want?	<b>Past Resources – Personal, Social, &amp; Environmental:</b> What strengths have I used in the past?
<b>Home/Daily Living</b>		
<b>Assets - Financial/Insurance</b>		
<b>Employment/Education/Specialized Knowledge</b>		
<b>Supportive Relationships</b>		

Wellness/Health		
Leisure / Recreational		
Spirituality/Culture		

*What are my priorities?*

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 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 me in my recovery journey.*

*I agree to help this person use the strengths identified to achieve goals that 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.*

\_\_\_\_\_  
My Signature                      Date

\_\_\_\_\_  
Service Provider's Signature                      Date