

Wings For Children And Families

STRENGTHS DISCOVERY WORKSHEET

Client's Name:

Date Completed:

I. FAMILY:

II. LIVING SITUATION:

III. MEDICAL:

***IV. BEHAVIORAL HEALTH -
TRAUMA AND RESILIENCY:***

V. SOCIAL/RECREATIONAL:

VI. LEGAL:

***VII. SAFETY – INTERNAL
AND EXTERNAL:***

***VIII. EDUCATIONAL/
VOCATIONAL:***

IX. FAMILY VALUES:

Wings For Children And Families
NEEDS IDENTIFICATION WORKSHEET

Client's Name:

Date Completed:

I. FAMILY:

II. LIVING SITUATION:

III. MEDICAL:

***IV. BEHAVIORAL HEALTH -
TRAUMA AND RESILIENCY:***

V. SOCIAL/RECREATIONAL:

VI. LEGAL:

***VII. SAFETY – INTERNAL
AND EXTERNAL:***

***VIII. EDUCATIONAL/
VOCATIONAL:***

IX. FAMILY VALUES: