

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

<b>FUTURE VISION</b>	
<b>STRENGTH</b>	<b>NEED</b>
<p>What are your dreams/goals?                      What do you feel like is missing in your life right now that is important to you?                      What are you passionate about that give meaning to your life?                      What do you value that gives real happiness?                      Where do you want to be and what do you want to be doing in 5 years? 10 years? 20 years?                      What gifts that God has given to you that you are using effectively?                      What is it that you believe so strongly in that I would be willing to die for?                      Where do you seek inspiration, mentors, and working models for yourself?                      What do you want to be remembered for?                      What legacy do you want to leave?</p>	<p>What's not happening that I want to happen?                      Which gifts are you not using effectively?</p>

<b>FUTURE VISION</b>	
<b>STRENGTH</b>	<b>NEED</b>

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

SPECIAL INTEREST	
STRENGTH	NEED
<p>How do you spend your free time? What are some things you like to do?</p> <p>What are your hobbies?</p> <p>What sports do you play?</p> <p>What musical Instruments do you play? Sing? Write poetry?</p> <p>What types of things do you read? (books, magazines, graphic novels)</p> <p>How do you spend your free time doing things with people who are important people in your life?</p> <p>What cultural activities do you participate in?</p> <p>What clubs or organizations do you belong to?</p>	<p>Are there any school subjects that you would like help with? Which ones?</p> <p>Do you get along with your teachers and classmates? What are some ways we can help you improve your school relationships?</p> <p>Do you need help setting or achieving your current educational goals? What help would you like?</p> <p>Do you need to develop educational plans after high school? What kinds of help would you like?</p> <p>Are you interested in finding our more about colleges, vocational programs in the area?</p> <p>Do you have any concerns about going to college or taking specialized training?</p>

SPECIAL INTEREST	
STRENGTH	NEED

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Youth Name \_\_\_\_\_ Date \_\_\_\_\_

EDUCATION	
STRENGTH	NEED
What school are you attending now? What is the highest grade that you have completed? What do you like most about school? What are your favorite subjects? Who is your favorite teacher and what subject does he/she teach? What are your educational goals right now? What are your educational plans after high school/ GED? Have you contacted colleges or vocational schools in the area?	Are there any school subjects that you need help with? Which ones? Would you like to learn a second language? Do you need help setting or achieving your current educational goals? Do you need to develop educational plans for after high school? Are you interested in finding out more about colleges, vocational programs in the area? Do you have any concerns about going on to college or taking specialized training?

EDUCATION	
STRENGTH	NEED

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYMENT/CAREER	
STRENGTHS	NEEDS
<p>Are you currently working? What is your current position? Have you ever worked? What types of jobs have you held? What did you like best about those jobs? Was there a supervisor that you really learned a lot from? What were there name(s)? Do you remain in contact with them? What part of your job do you enjoy most? Do you use computers on the job? What types of computer programs are you using? Have you decided on a career? What? Have you ever completed a career interest inventory? Do you have a resume or fact sheet to take on future job interviews?</p>	<p>Are you interested in finding a job? What kind of work is you interested in doing? Are you interested in learning more about technology? Are you interested in finding out more about careers? What careers seem to interest you? Do you need an original birth certificate and/or social security card? Do you need to develop a resume and/or fact sheet?</p>

EMPLOYMENT/CAREER	
STRENGTHS	NEEDS

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

HEALTH	
STRENGTHS	NEEDS
<p>How would you rate your physical health?            Where do you go for health care and check-ups?            When did you last see a doctor and a dentist?            What type of regular physical exercise do you get?            Are you happy with your weight/current fitness?            Have you ever:</p> <ul style="list-style-type: none"> <li>• Called to make your own medical appointments?</li> <li>• Used a thermometer to take your temperature?</li> <li>• Taken a first aid course?</li> <li>• Taken a C P R course?</li> <li>• Learned about birth control and sexually transmitted diseases?</li> <li>• Used birth control?</li> </ul> <p>Do you have a copy of your own medical history and your family's medical history?</p>	<p>Are you concerned about any health problems?            If you are taking medications, do you need to find out more about them?            Would you like to start a fitness program?            Would you like to gain or lose weight?            Would you like learn more about:</p> <ul style="list-style-type: none"> <li>• Scheduling medical appointments?</li> <li>• Using a thermometer?</li> <li>• First aid?</li> <li>• CPR?</li> <li>• Birth control?</li> <li>• Preventing STD's?</li> </ul> <p>Do you need to find out more about your medical history and your family's medical history?</p>

HEALTH	
STRENGTHS	NEEDS

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

PERSONAL/SOCIAL /SPIRITUAL DEVELOPMENT	
STRENGTHS	NEEDS
<p>What do like most about yourself?                      If your best friend were here, how would he/she describe you?                      Are you comfortable with meeting new people?                      Are you comfortable speaking up for yourself at home, school, work, or with friends?                      Everyone gets angry from time-to-time. What kinds of things make you angry? What do you do when you get angry?                      Is there a special adult mentor or resource person in your life that can help you with personal issues? If so, what are their names?                      Do you belong to any organizations or groups that help you spiritually or emotionally? Which ones?                      Does religion play a part in your life?</p>	<p>Is there anything about yourself that you wish were different? What?                      Would you like to feel more comfortable:                      Meeting new people?                      Speaking up for yourself at home, school, work, or with friends? How can we help you feel more comfortable?                      Would you like to learn other ways to manage your anger?                      Would you like to have more people in your life to help you deal with personal issues?                      Would you like to join or participate in an organization that could help you spiritually or emotionally?</p>

PERSONAL/SOCIAL /SPIRITUAL DEVELOPMENT	
STRENGTHS	NEEDS

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

<b>FAMILY &amp; FRIENDS</b>	
<b>STRENGTHS</b>	<b>NEEDS</b>
<p>Who do you call family? What are their names and relationships to you?            How is your family involved in helping you prepare for life on your own?            In what ways are you helpful to your family?            Who are your friends? What are their names?            In what ways are you a good friend to others?            Which friends and family members would you go to for help?            Do you have someone you consider to be a mentor? If so, who?            Do you have or have you ever had or hope to have a dating relationship?            Are you satisfied with your ability to develop, maintain or end those special relationships?            Do you have or have you thought about having children of your own?            What are your plans for marriage and family?</p>	<p>Are you satisfied with your relationships with your family? What if anything would you like to change?            What are some ways your family could help you now?            Are you satisfied with your relationships with your friends? What, if anything, would you like to change?            Would you like to develop new friendships?            Would you like help in beginning, ending, or managing a dating relationship?</p>

<b>FAMILY &amp; FRIENDS</b>	
<b>STRENGTHS</b>	<b>NEEDS</b>

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

<b>LIVING ON YOUR OWN</b>	
<b>STRENGTHS</b>	<b>NEEDS</b>
<p>When do you think you will move out on your own?</p> <p>Where do you think you will live (city, part of the state, type of housing, etc.)?</p> <p>Do you think you will have a roommate or live alone?</p> <p>Do you have a network of supportive people who will help you when you are on your own?</p> <p>What do you think you will like best about living on your own?</p> <p>What do you think you will like least?</p> <p>What are some things that you have accomplished so far that will make it easier to live on your own?</p>	<p>Would you like to find out more about the housing options available to you?</p> <p>Would like help in developing a network?</p> <p>Would you like to learn how other young people have successfully moved out on their own?</p> <p>What do you need to accomplish before you move out?</p>

<b>LIVING ON YOUR OWN</b>	
<b>STRENGTHS</b>	<b>NEEDS</b>

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

<b>TRANSPORTATION</b>	
<b>STRENGTHS</b>	<b>NEEDS</b>
<p>How do you get around now?                      Can you usually arrange your own transportation for job interviews, work, school and doctor's appointments?                      How do you plan to get around when you are on your own?                      Have you ever:</p> <ul style="list-style-type: none"> <li>• Taken driver's education?</li> <li>• Used public transportation to get where you need to go? What forms of public transportation?</li> <li>• Obtained a driver's license?</li> </ul>	<p>Will you need help in getting independent living skills support? What kind of help do you need?                      Will you need help in carrying out your plan for transportation when you are on your own?                      Are you interested in:</p> <ul style="list-style-type: none"> <li>• Taking driver's training?</li> <li>• Learning about other forms of transportation?</li> <li>• Getting a driver's license?</li> </ul>

<b>TRANSPORTATION</b>	
<b>STRENGTHS</b>	<b>NEEDS</b>

# Strengths & Needs Assessment Coaching Notes

Youth Name \_\_\_\_\_ Date \_\_\_\_\_

<b>MONEY MANAGEMENT</b>	
<b>STRENGTHS</b>	<b>NEEDS</b>
<p>Do you have an allowance or other spending money? Would you say you manage that money well?</p> <p>Do you purchase your own clothing and personal care items? Are you usually pleased with your purchases?</p> <p>Have you ever:</p> <ul style="list-style-type: none"> <li>• Purchased a money order?</li> <li>• Written a check?</li> <li>• Opened a bank account?</li> <li>• Saved up money for a big purchase?</li> <li>• Filed an income tax form?</li> <li>• Paid your own bills? What kind?</li> </ul> <p>Made out a budget for your own living expenses?</p>	<p>Would you like to get better in managing your spending money?</p> <p>Do you need to start a savings plan?</p> <p>What would you be saving for?</p> <p>Would you like to learn more about:</p> <ul style="list-style-type: none"> <li>• Money orders?</li> <li>• Writing checks?</li> <li>• Bank account</li> <li>• Saving money for big purchases?</li> <li>• Filing taxes?</li> <li>• Paying bills</li> <li>• Making out a budget</li> </ul>

<b>MONEY MANAGEMENT</b>	
<b>STRENGTHS</b>	<b>NEEDS</b>