

FAMILY STRENGTHS AND GOALS

1. What does your family enjoy doing together?

2. What is something special about each member of your family?

3. What are the best things about your family?

4. Who do you go to when you need someone to talk to, and why?

Please use the space below to describe any other strengths:

What is your family's short-term vision? (0-2 years)

What are your family's long term visions? (2-5 years)

Based on these visions, what are the most immediate needs of your family?

Please Print

Parent Signature: _____ Date: _____