Strengths Assessment

(For developing working priorities and care/support planning)

Source: Steve Morgan ~ www.practicebasedevidence.com

Service User Name (signed if applicable):

Date (period of completion):

Worker Name(s) & signatures:

What is going on today? (What is available now?)	What has worked in the past? (How have I coped?)	What do I want to do in the future?
Personal Qualities		
Housing		
Financial		
Health		
Medication		

Social / Relationships		
Occupation / Leisure		
Daily Living Skills		
Spiritual / Cultural		
Feelings about services being offered		
Other		

What is most important for me to do (no. of items is optional)?

1.

2.

3.

4.

Strengths-Based Care/Support Plan

Service User: ***Worker(s):***

Priority:	**Date:**
Intended outcome: What strengths apply? What other resources are needed? Who agrees to do what? When should it be reviewed?	
Priority:	**Date:**
Intended outcome: What strengths apply? What other resources are needed? Who agrees to do what? When should it be reviewed?	
Priority:	**Date:**
Intended outcome: What strengths apply? What other resources are needed? Who agrees to do what? When should it be reviewed?	

[Add a new sheet as required]