

Life Skills Strengths/Needs Assessment

Guideline Questions

STRENGTHS

NEEDS

Special Interests/Recreation/Use of Leisure Activities

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| 1. How do you spend your free time? | 1. Do you spend enough time with your special interests? |
| 2. What are your hobbies? | 2. Do you need to change anything to be more involved with your free time activities? What? |
| 3. What sports do you like to play? | 3. What other hobbies, sports, activities would you like to pursue? |
| 4. Do you play a musical instrument or sing? | 4. Would you like to join a club or belong to an organization? |
| 5. Do you like to read? What types of reading materials do you like? | |
| 6. Do you participate in any cultural activities? | |
| 7. Do you belong to any clubs or organizations? | |

Education

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| 8. What do you like most about school? | 5. Are there any school subjects that you need help with? Which ones? |
| 9. What are your favorite subjects? | 6. Are you open to working with a tutor? |
| 10. What school are you attending now? | 7. Do you get along well with your teachers? Classmates? |
| 11. What is the highest grade you have completed? | 8. Would you like to learn a second language? |
| 12. Do you have a favorite teacher? What subjects does he/she teach? | 9. Do you need help setting or achieving your current educational goals? |
| 13. Do you speak more than one language? | 10. Do you need help in developing educational plans after high school? |
| 14. What are your current educational goals? | 11. Are you interested in finding out additional information about colleges and/or vocational programs? |
| 15. What are your educational plans after high school? | 12. Do you have concerns about going to college or taking additional specialized training? |
| 16. Have you contacted colleges or vocational schools? | 13. If you were having problems in school, what kind of help would you want? |
| 17. Have you explored financial aid programs | |

Employment

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| 18. Have you ever worked? | 14. Are you interested in finding a job? |
| 19. Have you ever applied for working papers? | 15. What kind of work are you interested in? |
| 20. What types of jobs have you held? | 16. Do you need working papers? |
| 21. Are you currently working? What is your current position? | 17. Are you interested in finding out more about careers? |
| 22. What jobs have you liked best? | 18. Do you need an original birth certificate and/or social security card? |
| 23. What part of your job did you enjoy doing? | 19. Do you need to develop a resume and/or fact sheet? |
| 24. Have you decided on a career? What? | 20. Do you need to develop a plan for waking up on time? |
| 25. Have you ever completed a career interest inventory? | |
| 26. Do you know the importance of having the | |

following documents for employment:

27. Birth certificate
28. Social security card
29. Do you have a resume of fact sheet to take on future job interviews?
30. Do you have calendar?
31. Do you have the ability to get yourself up in the morning for school or work?

Family/Friends

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| 32. Who do you call family? | 21. Are you satisfied with your relationship with your family? What, if anything would you like to change? |
| 33. How is your family involved in helping you prepare for life on your own? | 22. What could your family do to help you now? |
| 34. In what ways are you helpful to your family? | 23. Are you satisfied with your relationships with your friends? What, if anything, would you like to change? |
| 35. Who are your friends? | 24. Would you like to develop new friendships? |
| 36. In what ways are you a good friend to others? | 25. Would you like help in beginning, ending and managing a dating relationship? |
| 37. Which friends or family members would you go to for help? | 26. Have you ever been witnessed or been exposed to violence? |
| 38. What do you think is important in a dating relationship? | 27. If you found yourself in an abusive relationship, how would you rate your ability to end the relationship? |
| 39. Do you have or have ever had a dating relationship? | 28. Are you satisfied with your relationship with your child(ren)? What, if anything, would you like to change? |
| 40. Are you satisfied with your ability to develop, maintain or end those special relationships? | |
| 41. Do you have or have your thought about having children of your own? | |
| 42. What are your plans for marriage and family? | |

Social / Personal

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| 43. What do like most about yourself? | 29. Is there anything about yourself that you wish were different? What? |
| 44. If your best friend were here, how would he/she describe you? | 30. Would you like to feel more comfortable with: |
| 45. Are you comfortable with: | 31. Meeting new people? |
| 46. Meeting new people? | 32. Speaking up for yourself at home, school, work, or with friends? |
| 47. Speaking up for yourself at home, school, work, or with friends? | 33. Would you like to learn other ways to manage your anger? |
| 48. Everyone gets angry from time-to-time. What kinds of things make you angry? What do you do when you get angry? | 34. Would you like to use a journal? |
| 49. Are you satisfied with the way you handle your anger? | |
| 50. Have you ever used a journal to record your personal thoughts and ideas? | |

Money Management

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| 51. Do you have an allowance or other spending money? Have you rated your ability to manage your money? | 35. Would you like to enhance your skills at managing money? |
| | 36. Do you need to start a savings plan? What would |

52. Do you purchase your own clothing and personal care items? Are you pleased with your ability to make good purchases?
53. Are you a conscientious shopper? Do you comparison shop?
54. Have you ever:
55. Purchase a money order?
56. Saved up for a big purchase?
57. Opened a bank account?
58. Written a check?
59. Filed an income tax form?
60. Paid your own bills? What kind?
61. Made out a budget for your own living expenses?
- you be saving for?
37. Would you like help in enhancing your shopping skills?
38. Would you like to learn more about:
39. Purchase a money order?
40. Saved up for a big purchase?
41. Opened a bank account?
42. Written a check?
43. Filed an income tax form?
44. Paid your own bills? What kind?
45. Made out a budget for your own living expenses?

Health

62. How would you rate your physical health?
63. Are you comfortable with your personal appearance?
64. Where do you go for health care and checkups?
65. When did you last see a doctor and a dentist?
66. Do you take any kind of medication? Who administers it?
67. What type of regular physical exercise do you get?
68. Have you ever:
69. Called to make your own medical appointments?
70. Used a thermometer to take your temperature?
71. Taken a first aid course?
72. Learned about birth control and sexually transmitted diseases?
73. Do you have a copy of your own medical history and your family's medical history?
74. When you are sick, where do you seek medical help?
46. Do you need to see a doctor or dentist?
47. Are you concerned about any health problems?
48. Are you concerned about your personal appearance?
49. If you are taking medications, do you need to find out more about them?
50. Would you like to start a fitness program?
51. Would you like to learn more about:
52. Scheduling medical appointments?
53. Using a thermometer?
54. First Aid?
55. CPR?
56. Birth Control?
57. Preventing STD's?
58. Do you need to find out more about your medical history and your family's medical history?

Housing

75. When do you think you will move out on your own?
76. Where do you think you will live (part of the city, type of housing, etc.)?
77. What type of housing do you think you would like to live in?
78. Do you understand how to search for your own apartment?
79. Do you understand what it takes to maintain you own apartment?
80. Do you think you will have a roommate or live alone?
59. Would you like to find out more about housing options available to you within and outside the agency?
60. Would you like to learn how other young people have successfully moved out on their own?
61. Would you like to learn about or get help with (least liked aspect of living independently)?
62. What do you need to accomplish before you move out on your own?

81. What do you think you will like best about living on your own? What do you think you will like the least?
82. What are some things that you have accomplished so far that will make it easier to live on your own?

Transportation

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| 83. How do you get around the city now? | 63. Do you need help in getting around city on public transportation? |
| 84. Can you usually arrange your own transportation for job interviews, work, school, visiting family and friends? | 64. Do you need help in reading subway and bus maps? |
| 85. Do you feel safe travelling around the city? | 65. Do you need help in developing a safety plan for travelling around the city? |
| 86. Are you comfortable with reading a subway and bus map? | 66. Are you interested in: |
| 87. Have you ever: | 67. Taking driver's education? |
| 88. Taken driver's education? | 68. Getting a driver's license? |
| 89. Obtained a driver's license? | |