



OSY STRENGTHS/NEEDS ASSESSMENT TOOL

Last Name: _____ First Name: _____ Date Completed: _____

SPECIAL INTERESTS			
<u>STRENGTHS</u>	<i>Record Youth Responses</i>	<u>NEEDS</u>	<i>Record Youth Responses</i>
<ul style="list-style-type: none"> <input type="radio"/> How do you spend your free time? <input type="radio"/> What are your hobbies? <input type="radio"/> Do you play any sports? Musical instruments? <input type="radio"/> Do you like to read? <input type="radio"/> Do you participant in any cultural activities? <input type="radio"/> Do you belong to any clubs or organizations? 		<ul style="list-style-type: none"> <input type="radio"/> Do you spend enough time with your special interests? <input type="radio"/> Do you need to change anything to be more involved with your free time activities? What? <input type="radio"/> What other hobbies, sports, and activities would you like to pursue? <input type="radio"/> Would you like to join a club or belong to an organization? <input type="radio"/> What kinds of new things are you interested in learning about? 	

EDUCATION

<u>STRENGTHS</u>	<i>Record Youth Responses</i>	<u>NEEDS</u>	<i>Record Youth Responses</i>
<ul style="list-style-type: none"> ○ Are you currently attending school? ○ What school are you attending now? ○ What was your highest grade that you completed? ○ What are your favorite subjects? ○ Have you used computers in school? ○ Do you have a favorite teacher? What does he or she teach? ○ Do you speak more than one language? ○ What are your educational goals right now? ○ What are your educational plans after high school/ GED? ○ Have you explored financial aid programs? ○ Are you currently or have you ever participated in after-school activities? 		<ul style="list-style-type: none"> ○ If you are not currently in school how can we help you to re-connect with an educational program? ○ Are there any school subjects that you need help with, which ones? ○ Do you get along well with your teachers/ classmates? ○ Do you need help setting or achieving your current educational goals? ○ Do you need to develop educational plans 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 trainings? 	

EMPLOYMENT

<u>STRENGTHS</u>	<i>Record Youth Responses</i>	<u>NEEDS</u>	<i>Record Youth Responses</i>
<ul style="list-style-type: none"> ○ Are you working now? ○ Have you ever worked before? ○ What jobs have you held? ○ Did you use computers on the job? ○ What part of your job did you like best? ○ Have you decided on a career? What? ○ Have you ever completed a career interest inventory? ○ Do you have: An original copy of your birth certificate? ○ Your social security card? A fact sheet or resume to take on future job interviews? An alarm clock? A calendar? ○ The ability to get yourself up in the morning for work or school? 		<ul style="list-style-type: none"> ○ Are you interested in finding a job? ○ What kind of work are you interested in? ○ Are you interested in learning more about technology? ○ Are you interested in finding out more about careers? ○ Do you need: A copy of your birth certificate? Your social security card? To develop a fact sheet / resume? ○ An alarm clock? A calendar? A plan for waking up on time each morning? 	

LIFE SKILLS FOR WORK

<u>STRENGTHS</u>	<i>Record Youth Responses</i>	<u>NEEDS</u>	<i>Record Youth Responses</i>
<p><u>MONEY MANAGEMENT</u> How well do you manage your money? Have you ever developed a budget?</p> <p><u>TIME MANAGEMENT</u> How well do you juggle your time between school, work, and home?</p> <p><u>TRANSPORTATION</u> Are you comfortable with your ability to travel between work, school, and home?</p> <p><u>HEALTH & WELLNESS</u> What kinds of things cause you stress?</p> <p><u>LEISURE & RECREATION</u> (See special interests category)</p>		<p><u>MONEY MANAGEMENT</u></p> <ul style="list-style-type: none"> ○ Would you like to get better in managing your spending? ○ Would you like help in developing a budget? <p><u>TIME MANAGEMENT</u></p> <ul style="list-style-type: none"> ○ Would you like help in getting a handle on how to better manager your time? <p><u>TRANSPORTATION</u></p> <ul style="list-style-type: none"> ○ Do you need additional help in getting around the City? <p><u>HEALTH & WELLNESS</u></p> <ul style="list-style-type: none"> ○ Do you need help in identifying ways to handle your stress? <p><u>LEISURE & RECREATION</u> (See special interests category)</p>	

PERSONAL & SOCIAL DEVELOPMENT

<u>STRENGTHS</u>	<i>Record Youth Responses</i>	<u>NEEDS</u>	<i>Record Youth Responses</i>
<ul style="list-style-type: none"> ○ What do you like about yourself? ○ If your best friend was here, how would he/she describe you? ○ Are you comfortable with: ○ Meeting new people? ○ Speaking up for yourself at home? ○ Speaking up for yourself at school/work? ○ Speaking up for yourself with friends? ○ Everyone gets angry from time to time. What kinds of things make you angry? What do you do when you get angry? ○ Are you satisfied with the way you handle your anger? ○ Are satisfied with the way you handle your anger? ○ Do you belong to any organizations or groups that help you spiritually or emotionally? ○ Does religion play a part in your life? 		<ul style="list-style-type: none"> ○ Is there anything about yourself that you wish was different? What? ○ Would you like to fee more comfortable with: Meeting new people? ○ Speaking up for yourself at home? ○ Speaking up for yourself at school/work? ○ Speaking up for y our self with friends? ○ Would you like to learn other ways to manage anger? ○ Would you like to join or participate in an organization or group that could help you spiritually or emotionally? ○ Would you like to be more involved in religious activities? 	

FAMILY & FRIENDS

<u>STRENGTHS</u>	<i>Record Youth Responses</i>	<u>NEEDS</u>	<i>Record Youth Responses</i>
<ul style="list-style-type: none"> ○ Who do you call family? ○ 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? ○ In what ways are you a good friend to others? ○ Which friends or family members would you go to for help? 		<ul style="list-style-type: none"> ○ Are you satisfied with your relationship with your family? What if anything would you like to change? ○ What could your family do to help you now? ○ Are you satisfied with your relationship with your friends? What if anything would you like to change? Would you like to develop new friendships? 	