

Strengths, Needs and Cultural Discovery

Child's Name: _____

Parent/Guardian's Name: _____

Date of Interview: _____

Date(s) of Update: _____

Referral Source: _____

Reason for Referral: _____

Person(s) Providing Information:

Name	Relationship

Family: _____

Social: _____

Behavioral-Emotional: _____

Safety: _____

Legal: _____

Health: _____

Spiritual: _____

Financial/Economic: _____

Educational/Vocational: _____

Leisure/Recreational: _____

Other (e.g. pets, traditions, etc): _____

Priority Needs or Concerns of the Youth, Family and Professionals: _____

Current Team Members and Relationship to Child:

Name	Relationship to Child or Family (Type)

Signatures:

Parent/Guardian(s)

Date

Youth

Date

Family Member

Date

Family Member

Date

Family Member

Date

Care Coordinator

Date

Family Support Provider

Date