

Parent Strength Survey

Parent's Name:	PPSP Name:
Date of Meeting/s:	Planned Date of Initial Plan of Care Meeting:

Skills

Skills for Taking Care of You.

Self-Care Skills	<i>Evaluate your skill level to identify areas you can work on.</i>			
	<i>Power User</i>	<i>Highly Skilled</i>	<i>Adequate</i>	<i>Need Help</i>
<i>Taking Care of Your Physical Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Taking Care of Your Emotional Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Taking Care of Your Spiritual Health</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other: Please List:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Team Participation Skills

Rate your skill level in each of these areas

	Exceptional	Exceeds Requirements	Meets Requirements	Marginal	Needs Work
Active listening — Giving full attention to others without interrupting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negotiation — Finding common ground between opposing parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict resolution — Bringing people together and reconciling differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service orientation — Actively looking for ways to help others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persuasion — Persuading others to change their minds or behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegating — Matching tasks to people with the appropriate skills and interest to do them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Coordination — Adjusting actions in relation to the actions of others as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructing — Teaching others to do something, making sure that they comprehend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking — Talking to others to convey information effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication — Taking time to write clearly and respond appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring — Assessing progress and stepping in to make improvements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: List special skills or talents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Recover from Past Struggles	<i>List specific times and instances when the parent has been able to successfully manage through events associated with topics listed.</i>				
<i>Child's Mental Health Diagnosis</i>					
<i>Managing multiple needs of family members</i>					
<i>Issues with Systems in seeking services on behalf of son/daughter</i>					
<i>Working Through Differences with Others</i>					
<i>Other: Please List</i>					
Use the Space Below to Identify Common Strengths					