

Connections Scale

(A) Tools for Connections

| | Yes | No |
|--|--------------------------|--------------------------|
| Has your worker ever talked to you about your circle of support? | <input type="checkbox"/> | <input type="checkbox"/> |

(B) Number of Supportive Adult Connections:

For each category, please write the total number of meaningful relationships that you have at this time. "Meaningful relationships" are defined by you.

This would include adults who have some on-going contact with you (like call or write to you or visit you regularly) and who would help you out when needed.

Total # of Adult Relationships for Each Category

| | |
|--|--|
| Mother (birth, adoptive, stepmother) | |
| Father (birth, adoptive, stepfather) | |
| Adult brothers or sisters | |
| Other adult relatives (like aunts, uncles, grandparents) | |
| Current or former staff who you have worked with | |
| Current or former teacher or coach | |
| Current or former therapist or counselor | |
| Spiritual leader (Pastor, rabbi, etc.) | |
| An adult friend or mentor | |
| Other adults (Please list relationships): | |

(C) Strength of Connections:

Indicate the strength of the relationship between you and the adult right now.

In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list an additional adult in the last two rows. Circle the best response for each row.

Very Weak: No Contact

Weak: Infrequent contact; you can't count on this adult for support

Moderate: Some contact with this adult but may not be consistent; you feel a connection but can't count on this adult all the time

Strong: Contact at least once per month; you feel a connection of the heart (feel love, truly like) or mind (think about) with this person; this person is usually there to help you out.

Very Strong: Contact at least once per week; you feel a long-term connection of the heart (feel love, truly like) or mind (think about) with this person; this person is there to help when needed

Note: You might make a note here if this category is N/A, for example you have no siblings. You might also make a note if this person is deceased.



Very Weak Weak Moderate Strong Very Strong

Note:

| | | | | | |
|--|---|---|---|---|---|
| Parent 1 (<i>birth, adoptive or step mother or father</i>) | 0 | 1 | 2 | 3 | 4 |
| Parent 2 (<i>birth, adoptive or step mother or father</i>) | 0 | 1 | 2 | 3 | 4 |
| Brothers or Sisters | 0 | 1 | 2 | 3 | 4 |
| Other adult relatives (grandparents, aunts, uncles) | 0 | 1 | 2 | 3 | 4 |
| Close friend (who is an adult): | 0 | 1 | 2 | 3 | 4 |
| Other caring adults: | 0 | 1 | 2 | 3 | 4 |

(D) Support Indicators: Answer yes or no for each indicator. **These do not have to be from the same adult.**

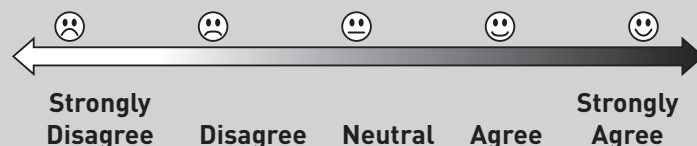
Do you have an adult in your life who will help you in the following ways

| Yes | No | Indicator | Name |
|--------------------------|--------------------------|--|------|
| <input type="checkbox"/> | <input type="checkbox"/> | People to celebrate holidays with <i>(like Christmas or your birthday)</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone to help you buy things that you want or need | |
| <input type="checkbox"/> | <input type="checkbox"/> | Help finding a job | |
| <input type="checkbox"/> | <input type="checkbox"/> | Help with school <i>(homework, help in applying to colleges)</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Assisting with daily living skills, such as cooking, budgeting, paying bills and cleaning the house | |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone to talk to if you are upset | |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone to check in on you – to see how you are doing <i>(phone calls, emails or texting)</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone who goes with you to the doctor | |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone to do fun things with <i>(what you like to do - go the library or the movies)</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you go to other people's houses to eat? | |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone that helps you get to where you need to go <i>(like giving you a ride or taking the bus)</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Someone to help you get your own cell phone | |
| <input type="checkbox"/> | <input type="checkbox"/> | Some to help you do things like voting or volunteering <i>(helping other people)</i> | |

List has been modified and adapted from the FosterClub Permanency Pact (2006).

(E) Level of Connections: Indicate your level of agreement with the following statements.

Circle the best response.



| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| You feel connected with — caring adults who will be lifelong supportive connections | 0 | 1 | 2 | 3 | 4 |
| You have people around that you can ask for help when you need it | 0 | 1 | 2 | 3 | 4 |
| You have someone who will always be there for you | 0 | 1 | 2 | 3 | 4 |
| You feel alone a lot <i>(like there is no one around to help you)</i> | 0 | 1 | 2 | 3 | 4 |

Office Use Only: Name _____ Date of Birth _____
Worker Completing Form _____ Date of Completion of Form _____
Form Completed: Within 30 Days of Case open ☐ Within 30 Days of Discharge ☐ Other ☐
Form Completed Without Individual at Discharge: Yes ☐ No ☐ If Yes, Explain: _____