**STRENGTHS & SUCCESSES**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Phone#: 123.555.1234

**INDIVIDUAL STRENGTHS:**

Cares about sisters and brothers

Gets to school every day

Has a strong bond with her dog

Very good at video games

Knows about her mental health diagnosis and what it means

Takes medication as prescribed without reminders

Says sorry when she messes up

**TEAM STRENGTHS:**

Caring and loving family

Good listener who makes time for kids

Willing to protect Jessica even if she gets mad

Works hard to make a home for her family

**SUCCESSES:**

Caring and loving family

Willing to protect Jessica even if she gets mad

Signature of Care Coordinator: \_\_\_\_\_\_ Date: