

Social Assessment Evaluation

Name: _____ Date: _____

Please answer each question the best that you can. You don't have to use all of the blanks provided. If you need more space to answer a question, please feel free to use the back of page # 2.

1. Do you have any health concerns that could keep you from participating in social events?

2. Do you feel as though you are able to participate in the hobbies or interests that you have? If not, what prevents this? _____

3. What is your proudest accomplishment? Why? _____

4. If you feel that you haven't accomplished something important to you, what do you think got in your way? _____

5. Who are the people in your life that you can really depend upon for support?

6. How often do you have contact with your friends and/or your family (this includes seeing them in person)?

7. Besides seeing your friends and family in person, what other ways do you stay in contact with them?

8. Are you involved in any emotionally close relationships? If so, how do you communicate with your these people (in person, e-mail, phone calls, etc.)? How often?

9. Name some things that you would like to see improve in your life:

10. Sometimes things happen that make life better. Has this happened to you? If so, what?

Thank you for taking your valuable time to fill out this form.

Social Assessment Evaluation Continued

If you needed more space to answer a question, please feel free to use the space below. Please just remember to write down the question number that you wish to continue.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for taking the time to share your feelings, opinions, and your goals.

