**SOCIAL ASSESSEMENT**

**FORMAT**

**Demographic Data**

Client’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long at current address: \_\_\_\_\_\_\_\_\_\_

Other recent addresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_ Sexual Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s Names:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method of Evaluation**

**Presenting Problem**

(Describe the situation which led to the client coming to this agency. Who is involved in the situation? Include the client’s perception of the problem to be worked on. Utilizing the ROPES method, explore exceptions to the problem, resources, client’s solution, “when was the problem not happening?” miracle question—vision of future without the problem.)

**Client’s Family**

(Identify persons in the client’s household, list names, ages and relationship to the client. Include any other family or extended family who may provide support to the client. Include family rituals, role models, important family stories, strategies for enduring )

**Client’s Educational Background**

(Include client’s formal education, GED, adult education, professional or technical training programs.)

**Client’s Employment History**

(List all pertinent jobs held, experience in job seeking, any vocational interest, special abilities, and attitude toward work and supervision. Also include list of skills and interests, homemaking, and parenting skills)

**Client’s Legal History**

(List all charges, court appearances, and outcomes)

**Client’s Medical History**

[(Include any health problems or disabilities, current medications, current or past history with illegal substances, alcohol abuse, health related habits that may affect functioning, i.e. eating, sleeping, smoking, unprotected sex, etc. Explore physical and psychological assets, “how did you do that?” If applicable, “how does using help?” periods of using less (difference), periods of abstinence (exception) “What have you learned that you would want others to know?”]

**Client’s Emotional/Psychological History**

(Include any current concerns, medications, or past history of hospitalizations or treatment centers)

 **Client’s Support System**

(Identify the client’s support system, friends, family, co-workers, etc. Note any significant changes in the support system or environment that has affected the client’s functioning. Explore environmental and social assets and community involvement. Also, explore client’s chosen family)

**Assessments of Client’s Strengths**

(Include client’s cultural, family’s strength, skills, community support, etc. not already included above)

**Religious and/or Spiritual Resources**

(Include client’s affiliation with any religious institution, beliefs or practices that may affect functioning, beliefs or practices that may serve as a support or resource to the client. Explore spiritual assets, spiritual and church involvement)

**Financial History**

(Include any current sources of income, alimony, child support, disability income, unemployment payments etc., list all sources of income in the home, and list any financial difficulties or concerns. Do all family members have health insurance?)

**Recreational/Leisure Activities**

(Include any recreational or leisure activities the client takes part in or enjoys, are these safe activities, do they provide a respite for the client?)

**Client’s Personal Appearance and Hygiene**

(Include information of client’s personal hygiene and appearance, appropriateness of clothing) For ex :weather related

**Assessment Summary**

(Employ “ROPES” model, summarize resources, options, possibilities, exceptions, and solutions. Describe your overall assessment of the formula for change in the client’s situation, client’s potential as well as any potential obstacles and problems to be worked on. Recommendation of how strengths can be utilized in work with client)

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised utilizing “Strengths-Based Social Work Assessment: Transforming the Dominant Paradigm” by Clay Graybeal