

STUDENT STRENGTHS CHECKLIST

Child's name: _____ Date: _____

Person completing checklist: _____

Please indicate which of the positive behaviors listed below are strengths of the student.
Choose/list at least 4 items.

NOTE: Some items listed may not be applicable to all grade levels/ages

CAPABILITY	
<input type="checkbox"/>	Learns readily outside of school
<input type="checkbox"/>	Enjoys new experiences
<input type="checkbox"/>	Pleased with own skill achievement

INDUSTRIAL CAPABILITY	
<input type="checkbox"/>	Enjoys physical activities
<input type="checkbox"/>	Ambitious--has drive
<input type="checkbox"/>	Makes good choices in areas of interest
<input type="checkbox"/>	Builds and constructs things
<input type="checkbox"/>	Does well with tools
<input type="checkbox"/>	Self-starter
<input type="checkbox"/>	Sticks to things he's/she's interested in
<input type="checkbox"/>	Independent/self-helper
<input type="checkbox"/>	Finishes projects
<input type="checkbox"/>	Figures things out
<input type="checkbox"/>	List any other interests: (cartoons, horses, planes, speech/debate, etc.)
<input type="checkbox"/>	

CREATIVE CAPABILITY	
<input type="checkbox"/>	Creative, good ideas
<input type="checkbox"/>	Recognized for a talent he/she does well
<input type="checkbox"/>	Makes creative ideas happen
<input type="checkbox"/>	Hobbies/crafts (list them)
<input type="checkbox"/>	Sports/activities (list them)
<input type="checkbox"/>	Interests (circle): music, dance, video games
<input type="checkbox"/>	Collections (list them)
<input type="checkbox"/>	Artistic talents (list them)
<input type="checkbox"/>	Computers/board games (circle)
<input type="checkbox"/>	Clubs, Scouts, youth groups, place of worship (circle)

SELF-COPING	
<input type="checkbox"/>	Even disposition
<input type="checkbox"/>	Hopeful and positive
<input type="checkbox"/>	Cares for belongings
<input type="checkbox"/>	Cares for/repairs things
<input type="checkbox"/>	Feels good about self
<input type="checkbox"/>	Usually seems happy
<input type="checkbox"/>	Takes care of self
<input type="checkbox"/>	Able to follow rules

<input type="checkbox"/>	Can summarize events of the day
<input type="checkbox"/>	Good hygiene
<input type="checkbox"/>	Good in conversation--telling a story
<input type="checkbox"/>	Asks good questions
<input type="checkbox"/>	Tolerates minor hurts well
<input type="checkbox"/>	Takes moments for self-reflection or prayer

ENVIRONMENTAL COPING	
<input type="checkbox"/>	Likes routines & predictable schedules
<input type="checkbox"/>	Willing to ask for help
<input type="checkbox"/>	Keeps safe and has good limits on borders
<input type="checkbox"/>	Recovers well from challenges/bounces back
<input type="checkbox"/>	Handles stress well
<input type="checkbox"/>	Stands up for self--is assertive
<input type="checkbox"/>	Comforts self after frustration
<input type="checkbox"/>	Relaxes well in certain situations (list)
<input type="checkbox"/>	Likes being touched, held and hugged
<input type="checkbox"/>	Has a good sense of humor
<input type="checkbox"/>	Good eater--likes different foods

SOCIAL INTERACTIVE SKILLS	
<input type="checkbox"/>	Joins activities and plays well with peers
<input type="checkbox"/>	Shares his/her feelings
<input type="checkbox"/>	Trusting
<input type="checkbox"/>	Gives and takes easily
<input type="checkbox"/>	Affectionate
<input type="checkbox"/>	Friendly and outgoing
<input type="checkbox"/>	Good manners and social skills
<input type="checkbox"/>	Shares or cooperates with others
<input type="checkbox"/>	Comforts others in need
<input type="checkbox"/>	Helpful
<input type="checkbox"/>	Competitive
<input type="checkbox"/>	Gentle with small animals &/or children (circle)
<input type="checkbox"/>	Makes and keeps friends easily (circle one or both)
<input type="checkbox"/>	Has some good friends

Please List any other strengths:	
<input type="checkbox"/>	
<input type="checkbox"/>	