

# Class 2 Homework – Strengths and Needs

## One form per family but separate answers!

*Everyone has Strengths and Needs. Strengths can be something you are good at; a quality, ability, or special knowledge that helps you do something; or a resource or experience that helps you do something. Needs can be a condition that must be met before a person can achieve a goal; a quality, ability, or special knowledge that could be improved; or a resource or experience that would help to achieve a goal.*

*Please list some of the strengths and needs that you have with regard to a child being placed in your home.*

### **Family (including immediate family, support system, etc)**

Strengths:

1.

2.

3.

Needs:

1.

2.

3.

### **Parent #1, Name: \_\_\_\_\_**

Strengths:

1

2

3

Needs:

1.

2.

3.

### **Parent #2, Name: \_\_\_\_\_**

Strengths:

1

2

3

Needs:

1.

2.

3.

*Class 2 Homework - ACE Survey & Resilience Questionnaire*

*ACE Survey*

*One Per Person*

*Please take a moment to fill out information on this ACE Survey. We encourage you to be open and honest regarding these questions.  
Please ensure to put your name on the survey*

*Thank you.*

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

## Finding Your ACE Score

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often or very often**...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes No If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often or very often**...  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes No If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Attempt or actually have oral, anal, or vaginal intercourse with you?  
Yes No If yes enter 1 \_\_\_\_\_
4. Did you **often or very often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes No If yes enter 1 \_\_\_\_\_
5. Did you **often or very often** feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
**or**  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes No If yes enter 1 \_\_\_\_\_
6. Were your parents **ever** separated or divorced?  
Yes No If yes enter 1 \_\_\_\_\_
7. Was your mother or stepmother:  
**Often or very often** pushed, grabbed, slapped, or had something thrown at her?  
**or**  
**Sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard?  
**or**  
**Ever** repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes No If yes enter 1 \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes No If yes enter 1 \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes No If yes enter 1 \_\_\_\_\_
10. Did a household member go to prison?  
Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.**

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

### Finding Your ACE Score

**While you were growing up, during your first 18 years of life:**

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Yes No If yes enter 1 \_\_\_\_\_

**Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.**

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

## What is Your Resilience Score?

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

2. I believe that my father loved me when I was little.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

8. Someone in my family cared about how I was doing in school.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

9. My family, neighbors and friends talked often about making our lives better.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

10. We had rules in our house and were expected to keep them.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

12. As a youth, people noticed that I was capable and could get things done.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

13. I was independent and a go-getter.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

14. I believed that life is what you make it.

Definitely true      Probably true      Not sure      Probably not true      Definitely not true

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely true" or "Probably true"?) \_\_\_\_\_

Of these circled, how many are still true for me? \_\_\_\_\_

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

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Definitely true      Probably true      Not sure      Probably not true      Definitely not true

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Definitely true      Probably true      Not sure      Probably not true      Definitely not true

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Definitely true      Probably true      Not sure      Probably not true      Definitely not true

14. I believed that life is what you make it.

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