

Albany Youth Services Team - Worksheet

*To be completed with parent/guardian by the person referring the family

Student Name: _____

Family Strengths: (What is working?)

Critical Concerns/Needs/Issues:

What are the current family resources :

(Involvement with community agencies, support from relatives, churches, neighbors, etc.)

Student's Strengths and Interests:

Questions you want to ask the team. Resources needed/wanted: