

**Assessment of Spiritual Strengths  
For Use with People with Developmental Disabilities**

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

Completed by: \_\_\_\_\_

It is the intent of this assessment to identify and recognize those strengths which are unique to each person we serve, and to allow our appreciation of those strengths to inform us in assisting the person in nourishing his/her spiritual life. This assessment attempts to search out the unique, positive, spiritual qualities in the person. By identifying these strengths we affirm the gifts of God within and honor the person beyond his/her disability. Check any of the qualities below that describe \_\_\_\_\_.

**Trusts Self and Environment:**

- Simplicity – satisfied with what one has
- Sense of Belonging – interdependent, involved with others, feels loved, cared about
- Contentment – peaceful, calm
- Competence – has a sense of being capable
- Involved with nature – loves the outdoors, beauty, connected with the earth

**Trusts Others**

- Patience – enduring without complaint, forbearance, composure
- Openness - receptive to new ideas, accepting of others
- Leadership – pacesetter, effectiveness, foresight, energy
- Knowledge – enlightenment, memory, principled, intuitive
- Kindness – tenderness, friendliness, pleasant disposition, sweetness, good intention
- Joyfulness – a quality of gladness, cheerfulness
- Integrity – honor, honesty, trusting, trustworthiness
- Determination – resolution, purposeful, strength of will, persistence
- Courage-bravery, boldness, valor, resolution
- Willingness to serve – concerned for others, wants to help
- Value – has a personal sense of his/her own value
- Love – loving, loving spirit, warm, affectionate
- Forgiveness – being able to forgive those who have hurt us
- Compassion – to suffer with, merciful, sympathetic, able to have empathy
- Gentle Spirit – considerate, refined, peaceful, centered, mild-tempered
- Sense of Purpose- the person is motivated
- Sense of Humor-able to laugh at self or situation
- Insightful – possessing insight, experience, understanding, intuitive (The ability to know or learn something without the use of reason.)

**Trusts God or Higher Power:**

- Prayerful – likes to pray, listen to religious music
- Openly expresses faith-wants to pray, attend church, listen to religious music
- Involved with a community of faith – belongs to a church, synagogue, mosque, or faith group
- Awareness of God's Presence-aware of a higher power; expresses awe, wonder, reverence
- Prefers Quiet – is peaceful, calm, content, serene, doesn't like a lot of stimuli/noise

**Reflective thought:** How can we encourage this person to use his/her gifts in daily life; in his/her home, in the community? How can we teach this person to use his/her gifts to diminish some of the barriers in his/her life?

(Page 2 and/or back side)

Do you attend church?  Yes  No

• If no, do you want to attend church?  Yes  No

• If yes, what church do you attend? \_\_\_\_\_

Is this the church you want to attend?  Yes  No

If no, which church would you like to attend? \_\_\_\_\_

Are you able to attend church as often as you want?  Yes  No

• If no, what is preventing you from attending? \_\_\_\_\_

What kind of service do you like (i.e., lots of music, upbeat/fun, contemporary, quiet/calm, outdoors in summer, etc)? \_\_\_\_\_

• Is this the kind of service you're attending?  Yes  No

What day and time would you like to attend? \_\_\_\_\_

• Is this the time you're attending?  Yes  No

Are you a member of this church?  Yes  No

• If no, would you like to be a member?  Yes  No

Do you receive Communion?  Yes  No

• Would you like to receive Communion?  Yes  No

Are you involved in your church?

(i.e., volunteer as a greeter or usher, assist with communion, etc.) Yes  No

• If yes, how are you involved? \_\_\_\_\_

How else would you like to be involved? \_\_\_\_\_

• If no, do you want to be involved?  Yes  No

If yes, how do you want to be involved? \_\_\_\_\_

Other than church attendance, are there any other ways that we can support you spiritually? (i.e., Bible Study, books on tape, prayer, music, nature, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**For Information about this form:**

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