

Family Service Worker Strengths Based Discussion Form

Staff Member Name:	Head Start Site:	Date:
Supervisor Name:		

Please reflect on these questions as you assess your performance within the Core Competencies. Answer the questions to assist planning for professional development goals, training and support.

1. What in my role will make me feel successful with families?

2. How will I evidence my performance?

3. How do I best receive feedback from my peers and supervisors, including monitoring results, positive feedback and constructive feedback?

Identified Strengths

The first strength I have identified from the Core Competencies is:

The second strength I have identified from the Core Competencies is:

Staff Member Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____