

CPT Family Self Evaluation

Name: _____ Date: _____

How would you describe your relationship with each of your family members right now? _____

What has changed in these relationships from what it was in the past? _____

What are your strengths as a family? _____

What creates vulnerability in your family? _____

What would you like to see change in your family? _____

What change/s do you know that you need to make? _____

What change/s has your family been wanting you to make? _____

Please rate the following areas.

Rating Scale: 0=very poor; 1=poor; 2=fair; 3=good; 4=very good; 5=excellent

Personal interest in family members	
Deep level of communication with parent/s	How often?
Deep level of communication between parents	How often?
Deep level of communication between sibling/s	How often?
Time spent in activities with parent/s	How much time?
Time spent in activities with sibling/s	How much time?
Trust in parent/s	
Parent/s trust in you	
Affection towards parent/s	How often?
Parent/s affection towards you	
Family collaborative decision making	
Adequate family money	
Dividing home upkeep responsibilities	How much time?
Adequate family housing	
Family support of my personal life	
Family manages conflict safely	How often?
Connecting with extended family	
Dealing with work and academic stress	
Spiritual life as an individual	
Spiritual life as a family	