

APPENDIX B:

Nongard Strengths and Resources Inventory

NSRI - Nongard Strengths and Resources Inventory

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Name: _____

Date: _____

ID #: _____

1/PUT Make a mark next to any and all of the following that you possess or have access to:

- | | |
|--|---|
| <input type="checkbox"/> Close friend | <input type="checkbox"/> Uniforms and clothing |
| <input type="checkbox"/> Reliable transportation | <input type="checkbox"/> Healthy food sources |
| <input type="checkbox"/> Pet | <input type="checkbox"/> Primary care physician |
| <input type="checkbox"/> Internet access | <input type="checkbox"/> Source of income |
| <input type="checkbox"/> Stable living environment | |

3/EJS Make a mark next to any and all of the following items that you have or can do:

- High school diploma or G.E.D.
- Military training
- Vocational or technical certificate
- College degree or higher
- Resume
- Management or supervisory experience
- Volunteer or charity work
- Job history more than 6 months
- Job history more than 2 years
- Can pass alcohol or drug screenings
- Able to use typical business communication skills
- Appropriate attire
- Able to learn new skills easily

2/ISO Make a mark next to any and all of the following that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Can solve problems | <input type="checkbox"/> Can listen well |
| <input type="checkbox"/> Can follow directions | <input type="checkbox"/> Can express thoughts or feelings |
| <input type="checkbox"/> Can give clear directions | <input type="checkbox"/> Can create plans |
| <input type="checkbox"/> Can work well in team | <input type="checkbox"/> Can develop creative options |
| <input type="checkbox"/> Can work well independently | |

4/PAA Read this list of 24 items before marking any spot. Then mark the 6 items that you think best describe you:

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Creative | <input type="checkbox"/> Brave | <input type="checkbox"/> Kind | <input type="checkbox"/> Forgiving | <input type="checkbox"/> Grateful |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Persistent | <input type="checkbox"/> Aware | <input type="checkbox"/> Humility | <input type="checkbox"/> Optimistic |
| <input type="checkbox"/> Open-minded | <input type="checkbox"/> Honest | <input type="checkbox"/> Team player | <input type="checkbox"/> Careful | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Inquisitive | <input type="checkbox"/> High energy | <input type="checkbox"/> Fair | <input type="checkbox"/> Impulse control | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Wise | <input type="checkbox"/> Loving | <input type="checkbox"/> Leader | <input type="checkbox"/> Appreciative | |

5/PIA Read the list first. Then mark 4 of the following which best describe your interests or abilities:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Playing sports | <input type="checkbox"/> Games and puzzles | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Singing | <input type="checkbox"/> Family time |
| <input type="checkbox"/> Building things | <input type="checkbox"/> Reading | <input type="checkbox"/> Community involvement |
| <input type="checkbox"/> Music | <input type="checkbox"/> Writing stories or poems | <input type="checkbox"/> Religious services |

6/SSS Make a mark next to any and all of the following who you think are willing to help you at this time:

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Boss or supervisor | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Father | <input type="checkbox"/> Other relative | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Best friend | <input type="checkbox"/> Religious leader | <input type="checkbox"/> Counselor or therapist |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Close friend | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Step-parent | <input type="checkbox"/> New friends | <input type="checkbox"/> Support group | <input type="checkbox"/> Medical professional |