

Name:

Date:

Relationship to child:

# Cultural Values Assessment

We each have different and unique aspects of our histories that influence what is most important to us as individuals and parents. These values are oftentimes a product of our cultural upbringing. What aspects of your culture are most important to you and what you would like to incorporate in your parenting/treatment? Pick 10 from the list below:

- |                          |                        |                          |                        |
|--------------------------|------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Holidays               | <input type="checkbox"/> | Family                 |
| <input type="checkbox"/> | Racial/Ethnic Identity | <input type="checkbox"/> | Food                   |
| <input type="checkbox"/> | Traditions             | <input type="checkbox"/> | Religion               |
| <input type="checkbox"/> | Clothing               | <input type="checkbox"/> | Gender Roles           |
| <input type="checkbox"/> | Gender Identity        | <input type="checkbox"/> | Work                   |
| <input type="checkbox"/> | Language               | <input type="checkbox"/> | Rituals                |
| <input type="checkbox"/> | Celebrations           | <input type="checkbox"/> | Literature/Media       |
| <input type="checkbox"/> | Family Roles           | <input type="checkbox"/> | Political Worldview    |
| <input type="checkbox"/> | Generational Status    | <input type="checkbox"/> | Art, Music, Media      |
| <input type="checkbox"/> | Friendship             | <input type="checkbox"/> | Immigration Experience |
| <input type="checkbox"/> | Education              | <input type="checkbox"/> | Other: _____           |

Name:

Date:

Relationship to child:

# Cultural Values Assessment

Now select your top 5 responses. Rank them below from 1 (most important/meaningful) to 5.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Now tell us some more about the values you selected. What does each value mean to you. For example, if you selected "Holidays," tell us what holidays you celebrate and what is meaningful about that experience. How/if you would like to incorporate this value into therapy sessions and discussions about parenting?

Value #1 \_\_\_\_\_:

---

---

---

---

---

Name:

Date:

Relationship to child:

# Cultural Values Assessment

Value #2 \_\_\_\_\_:

---

---

---

---

---

Value #3 \_\_\_\_\_:

---

---

---

---

---

Value #4 \_\_\_\_\_:

---

---

---

---

---

Value #5 \_\_\_\_\_:

---

---

---

---

---