

## CIP Assessment – October 10, 2018

Your Name & Email address: \_\_\_\_\_

Name of School District/Agency/County Department: \_\_\_\_\_

<p><b>Strengths</b></p> <ul style="list-style-type: none"><li>• What does your organization do well?</li><li>• What is the best service you provide?</li></ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"><li>• What roadblocks exist that make it difficult for you to serve youth &amp; families?</li><li>• What makes it difficult for Y &amp; F to access services?</li><li>• What do you need to better serve Y &amp; F?</li></ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"><li>• What system issues are present that if addressed, would better serve Y &amp; F?</li><li>• Is there a service you have wanted to develop, but never had the time, people or resources available to create it? What is it?</li></ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"><li>• Are there limitations or regulations that interfere with delivery of services?</li><li>• What prevents your team from accomplishing its goals?</li></ul>