



Family and Community Support Systems, LLC

Knowledge Checklist

Name: _____ Date: _____

Please place a check mark beside each area in which you feel you have knowledge and/or experience and submit along with your resume:

- | | |
|--|---|
| <input type="checkbox"/> Adolescent Behavior | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Grief and Loss |
| <input type="checkbox"/> Child Advocacy | <input type="checkbox"/> Independent Living |
| <input type="checkbox"/> Client Self Advocacy | <input type="checkbox"/> Juvenile Justice System |
| <input type="checkbox"/> Collaborative Partnerships | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Community Resource Awareness | <input type="checkbox"/> Outreach Programming |
| <input type="checkbox"/> CPS Reporting | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> Crisis Intervention/Crisis Prevention | <input type="checkbox"/> Peer/Parent Groups |
| <input type="checkbox"/> Developmental Milestones | <input type="checkbox"/> Personal Safety |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Reactive Attachment Disorder |
| <input type="checkbox"/> Employment Strategies | <input type="checkbox"/> Relationship Building |
| <input type="checkbox"/> Family Dynamics | <input type="checkbox"/> School Monitoring |
| <input type="checkbox"/> Family Reunification | <input type="checkbox"/> Socialization |
| | <input type="checkbox"/> Testifying in Court |

Other Knowledge:
