

STUDENT NEEDS ASSESSMENT • SECONDARY PARENT/GUARDIAN VOLUNTARY SURVEY

Student grade: _____

Student gender: _____

What is your student's greatest strength? _____

Based on your experience and knowledge please check the concerns that slow the learning and growth of your student.

| | CONCERNS | CHECK | | CONCERNS | CHECK |
|----|---|-------|----|--|-------|
| 1 | Coping with stress | | 21 | Fear of making mistakes | |
| 2 | Difficulty controlling anger | | 22 | Skipping school | |
| 3 | Receiving one or more failing grades on a report card | | 23 | Test anxiety and test taking skills | |
| 4 | Fights | | 24 | Not getting along with teachers | |
| 5 | Student use of alcohol or drugs | | 25 | Domestic violence | |
| 6 | A divorce or family separation | | 26 | Impairment or disability | |
| 7 | Bullying or harassment | | 27 | Communication problems | |
| 8 | Loss of a close friend or relationship | | 28 | Physical or sexual abuse | |
| 9 | Exploring career options | | 29 | Neglect | |
| 10 | Different values between generations | | 30 | Attention in class or on school work | |
| 11 | Dealing with people of a different ethnicity, race, or religion | | 31 | Homelessness | |
| 12 | Drug or alcohol abuse in the family | | 32 | Rumors and gossip | |
| 13 | Learning about college opportunities | | 33 | Major health concerns in family | |
| 14 | Thinking or talking about suicide | | 34 | Low self-regard | |
| 15 | Feeling sad or depressed a lot | | 35 | Trouble getting along with friends or others | |
| 16 | Poverty | | 36 | Death of a loved one | |
| 17 | Dropping out of school | | 37 | Hurting or cutting oneself | |
| 18 | Problems with eating or body image | | 38 | Adjusting to a new place or culture | |
| 19 | Gender or sexual orientation issues | | 39 | Setting and carrying out goals | |
| 20 | Time management and organization | | 40 | Teenage pregnancy | |

What is the biggest issue keeping your student(s) from becoming the best person and student s/he can be?

What would you want a school counselor to know before he or she helps students at this school?

What services are currently not provided by the school that you believe would benefit your student academically and personally? _____

If implemented, do you believe your student would utilize these services? Which ones? How often?
