***School Counseling Needs Assessment***

***Staff***

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What subjects would you like to be addressed in classroom guidance? **Place a check by the topics you feel are most important.**

|  |  |
| --- | --- |
| **Subjects** | **Check** |
| Hygiene |  |
| Bullying |  |
| Good Character |  |
| Integrity |  |
| Positive Choices |  |
| Understanding and accepting consequences |  |
| Controlling behaviors |  |
| Dealing with loss |  |
| Respecting others when teachers are not around |  |
| Being Yourself |  |
| Kindness |  |
| Responsibility |  |
| Tattling Vs. Telling |  |
| Self Esteem |  |
| Feelings/ Emotions |  |
| Coping skills |  |
| Rude Fighting |  |
| Anger Management |  |
| Middle School Preparation |  |
| Friendship |  |
| Coping with Stress |  |
| Manners |  |
| Test Anxiety |  |
| Gossiping |  |
| Negativity |  |
| Separation Anxiety |  |
| Fights |  |
| Not Knowing how to ask for help at school or at home. |  |
| Effective Communication |  |
| Making Mistakes |  |
| ADHD |  |
| Please list any other topics not listed. |  |

1. What issues do you think should be addressed in small group counseling?

**Please place a check by the topics that you feel would be most important for students**.

|  |  |
| --- | --- |
| **Subjects** | **Check** |
| Hygiene |  |
| Peer relations |  |
| Kindness |  |
| Work |  |
| Plan for Success |  |
| Controlling Behaviors |  |
| Using harsh words frequently and freely |  |
| Bullying |  |
| Respect |  |
| Picking on peers |  |
| Anger Management |  |
| Getting along |  |
| Changes at home or school |  |
| Bus Group |  |
| Girls Relational Aggression |  |
| Dealing with Friends with special needs |  |
| Please list any other topics not that you feel are important. |  |

1. Do you have any suggestions to improve our school counseling program?
2. Would you be interested in being part of a guidance committee that would meet twice a year to provide feedback about the School Counseling program?

Please complete by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and return all completed forms to the school counseling office located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.