

Parent Needs Assessment

* Required

What grade is your child currently in? *

- ☐ 10th
- ☐ 11th
- ☐ 12th

Please indicate the top five topics that you feel would be most valuable in terms of your child *
(Choose five)

- ☐ Peer pressure
- ☐ Orientation to guidance and counseling services and how to use them
- ☐ Resolving conflicts and joint problem solving
- ☐ Self-awareness and self-concept
- ☐ Sexual issues
- ☐ School adjustment (making friends, getting along with people)
- ☐ Peer relationships
- ☐ School/classroom behavior
- ☐ Job-seeking and job-keeping skills
- ☐ Study skills
- ☐ Suicide
- ☐ Substance use/abuse
- ☐ Help for non-English speaking children
- ☐ Help with attention deficit hyperactivity disorder
- ☐ Information about special enrichment programs (Boys/Girls State, Talent Search, Upward Bound, etc.)

What are your top three priorities for classroom guidance? *
(choose three)

- ☐ SELF UNDERSTANDING (includes self-esteem, personal roles and responsibilities, identifying personal strengths and weaknesses)
- ☐ INTERPERSONAL RELATIONSHIPS (includes friendship, peer pressure, conflict resolution)
- ☐ COMMUNICATION SKILLS (includes expressing feelings, opinions and beliefs, giving and receiving feedback)
- ☐ DECISION MAKING (includes identifying choices, steps in decision making)
- ☐ STUDY SKILLS (includes ways to learn, test taking skills, time management)
- ☐ CAREER AWARENESS (includes identifying different work activities, roles of workers, job related interests)

Listed below are the services offered by your school counselor. What importance do you place on each of these services? *

Conduct small group counseling for students in specific areas

1 2 3 4 5

Not important ☐ ☐ ☐ ☐ ☐ Very important

*

Counsel with individual students

1 2 3 4 5

Not important ☐ ☐ ☐ ☐ ☐ Very important

*

Consult with teachers and counselor together

1 2 3 4 5

Not important ☐ ☐ ☐ ☐ ☐ Very important

*

Consult with parents

1 2 3 4 5

Not important ☐ ☐ ☐ ☐ ☐ Very important

*

Conduct classroom guidance

1 2 3 4 5

Not important ☐ ☐ ☐ ☐ ☐ Very important

*

Conduct parent education classes

1 2 3 4 5

Not important ☐ ☐ ☐ ☐ ☐ Very important

Is there anything about your child that you feel guidance should be made aware of in order to better assist your child academically or socially?

If YES, please elaborate and include your student's name if you would like us to address your concerns.

How well do you understand your student's progress towards graduation?

- ☐ Understand
- ☐ Somewhat understand
- ☐ Do NOT understand

How well do you understand your student's ACT score and its relationship to college scholarships?

- ☐ Understand
- ☐ Somewhat understand
- ☐ Do NOT understand

Do you understand where/how to find financial aid for college or other post-secondary options?

- ☐ Understand
- ☐ Somewhat understand
- ☐ Do NOT understand

How beneficial was your meeting with your student's counselor?

- ☐ Very beneficial
- ☐ Beneficial
- ☐ NOT beneficial

Did you have all your questions adequately answered while meeting with your student's counselor?

- ☐ Yes
- ☐ No

With whom did you meet for your CCR? *

- ☐ Mr. Beck (A-D)
- ☐ Mrs. Wade (E-K)
- ☐ Ms. Sanders (L-R)
- ☐ Mrs. Blackham (S-Z)

Did the appointment notification for your CCR work for you? *

- ☐ Yes
- ☐ No

If you answered NO, what type of notification would you have preferred?

Please list any suggestions or comments on how we may improve our CCR conferences.

Are there any improvements to the counseling office that you would like to see that have not been addressed in the questions above?

If you answered yes, please elaborate on the improvements.

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