**Judith P. Hoyer Montessori School**

**Counseling Needs Assessment - PARENTS**

Please rate the level of need you feel your child(ren) have for additional support on the following counseling topics / issues.

|  |  |  |
| --- | --- | --- |
|  |  | Level of Need |
|  |  | High | Average | Low |
|  | **TOPICS** |  |  |  |
| **ACADEMIC** | Study skills (ie: note taking, organization, work habits) |  |  |  |
| Focusing strategies |  |  |  |
| Time management |  |  |  |
| Stress management |  |  |  |
| Test taking skills |  |  |  |
| High school options / application process |  |  |  |
| Other:  |  |  |  |
| **PERSONAL / SOCIAL** | Conflict resolution |  |  |  |
| Getting along with friends |  |  |  |
| Teasing, bullying |  |  |  |
| Anger control |  |  |  |
| Dealing with divorce or stressful family issues |  |  |  |
| Self-harm (ie: cutting, inflicting injury to self) |  |  |  |
| Thinking / talking about suicide |  |  |  |
| Sadness / depression |  |  |  |
| Diversity - accepting people’s differences |  |  |  |
| Feeling safe at school |  |  |  |
| Other: |  |  |  |
| **College / Career**  | Middle school / high school planning |  |  |  |
| Career exploration |  |  |  |
| What is college and how do I get there? |  |  |  |
| Other: |  |  |  |

Please share any ideas about how our comprehensive school counseling program can best support your child:

The BEST School Counselor you ever knew was AMAZING because he / she

**☺ ☺ ☺ THANK YOU SO MUCH FOR YOUR INPUT!!! ☺ ☺ ☺**