

NEEDS ASSESSMENT ELEMENTARY EXAMPLE

Needs Assessment

Please mark the eight character traits or skills that you believe are most important to your class. If you feel that one is more important than the others, please put a star beside it.

- | | | |
|--|--|---|
| <input type="checkbox"/> Respect | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Caring and Diversity |
| <input type="checkbox"/> Trustworthiness | <input type="checkbox"/> Making Good Choices | <input type="checkbox"/> Peer Pressure |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> Organization | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Honesty | <input type="checkbox"/> Patience | <input type="checkbox"/> Kindness |
| <input type="checkbox"/> Generosity | <input type="checkbox"/> Fairness | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Dealing With Conflict | <input type="checkbox"/> Other: _____ | |

I am planning on having small groups. Please check the groups that you feel would be helpful to your students. Once the group subjects have been decided, I will e-mail you for referrals.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Test-Taking Skills |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Other: _____ | |

Your input is important to me. Please have this filled out and returned to me by **Thursday, October 2**, so that I can consider your input when I create the Classroom Guidance and Small Group plans.

*Thank
You*

for your participation!

Sarah Castlen, School Counselor

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