

NEEDS ASSESSMENT INTERMEDIATE EXAMPLE

Student Name: _____

Grade: _____ Teacher Name: _____

Directions: Read each statement carefully. Rank the five (5) statements that worry you the most. Number one (1) is the biggest worry you have, number two (2) is the second biggest, and so forth. Write the number on the line.

- | | |
|--|--|
| <input type="checkbox"/> Overweight/eating problems | <input type="checkbox"/> Worried about getting along with friends |
| <input type="checkbox"/> Worried about death/dying | <input type="checkbox"/> Having trouble with my temper/feeling angry |
| <input type="checkbox"/> Often feel stressed out/worried | <input type="checkbox"/> Getting into trouble |
| <input type="checkbox"/> Don't know how to study for a test | <input type="checkbox"/> Not feeling safe at school |
| <input type="checkbox"/> Don't know how to get organized | <input type="checkbox"/> Being picked on/bullied |
| <input type="checkbox"/> Afraid of failing at school | <input type="checkbox"/> How to stand up for myself |
| <input type="checkbox"/> Not getting along with teacher | <input type="checkbox"/> Being quiet and nervous around other people |
| <input type="checkbox"/> Afraid to speak up in class | <input type="checkbox"/> My future |
| <input type="checkbox"/> Parents are separated/divorced/fighting | <input type="checkbox"/> Feeling sad |
| <input type="checkbox"/> Parents don't understand me | <input type="checkbox"/> Need information about alcohol/drug abuse |
| <input type="checkbox"/> Being new to Woodfill | |

Other concerns I have (not listed above):

- 1.
- 2.
- 3.

I would like to visit the counselor (circle one):

As soon as possible Not right now Maybe in a few weeks

I would like to be in a group (circle as many as you want): YES NO

- | | |
|-------------------|--------------------------------|
| Friendship Skills | How to Be Successful in School |
| Anger Management | Blooming Group (Social Skills) |
| Family Changes | Stress Busters |
| Grief Group | |

Other ideas for a group: _____