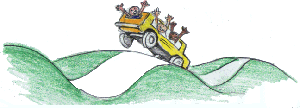
kidsdrawline

Dear Staff of Iroquois Schools,



I want to let you know I will do my best in offering my assistance to you in order to help our students succeed.

My number one goal is facilitating the school counseling program so as best to serve our students on academic, social, emotional, and career levels. I would love to have some feedback from you about the needs you see in these areas. Below you will find a needs assessment and your input would be very helpful for me in planning the year and “critical areas” of focus. If you could fill this out and return it to my box or my room, I would greatly appreciate it! At anytime, feel free to give ideas, a student referral or give me feedback or a “heads up.”

Looking forward to this year,

Dan Kennedy

School Counselor

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Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you feel I should access students with needs (staff-referral, student self-referral, sign up sheet)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Students need to know more about…… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. (please answer a, b, and c if applicable) **Would everyone please answer d even if you will not be having class meetings/guidance.**  I would like to know what you see as pertinent issues to our students.
   1. I would like the counselor to have classroom meetings/guidance Yes No
   2. How often\_\_\_\_\_\_\_\_\_\_\_\_\_ (once a month, once a week, 8 weeks total, etc.)
   3. When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Topic requests: Check the 10 topics you would like the counselor to do in Counselor Corner (classroom meetings). Then number them by which one is your favorite, number one to ten, one being your top pick. Please note, if you would like more topics covered, please let me know.

Topic ✔ 1-10

|  |  |  |
| --- | --- | --- |
| Abuse |  |  |
| Anger Management |  |  |
| Children of Alcoholics |  |  |
| Conflict Management (Talk it Out) |  |  |
| Dealing with Grief and Loss (covers several types of loss) |  |  |
| Dealing with Divorce |  |  |
| Families (Sibling Order) |  |  |
| Feelings |  |  |
| Fitting In |  |  |
| Friendship |  |  |
| Learning Styles |  |  |
| Listening Skills |  |  |
| Nonverbal Communication |  |  |
| Self Esteem |  |  |
| Social Skills |  |  |
| Stress Management |  |  |
| Test Taking Skills |  |  |
| Work and Study Habits |  |  |
| Goal Setting |  |  |
| Drugs and Alcohol |  |  |
| Personal Safety |  |  |
| Respecting Differences in Others and One’s Self |  |  |
| Other Suggested Topics: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

In addition, certain topics are federal mandates that need to be covered such as bullying and various forms of harassment. I will work with you to schedule these mandatory trainings.

1. I hope to also conduct counseling groups for special needs that arise…..please list group topics you would like to see me offer or any other program you would like me to look at offering:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_