

Small Groups Needs Assessment

Name: _____ School Year: _____

Check one: School Staff Student

The following topics could be covered in counseling groups. Please indicate your level of need by circling the appropriate number.

	Extreme Need			Little/No Need	
	5	4	3	2	1
Feeling sad/depressed	5	4	3	2	1
Difficulty making friends	5	4	3	2	1
Divorce/separation	5	4	3	2	1
Coping with stress	5	4	3	2	1
Victim of bullying	5	4	3	2	1
Difficulty controlling anger	5	4	3	2	1
Cutting/hurting oneself	5	4	3	2	1
Violence at home	5	4	3	2	1
Death of a close friend/relative	5	4	3	2	1
Problems with drugs/alcohol	5	4	3	2	1
Anxiety	5	4	3	2	1
Not thinking highly of myself	5	4	3	2	1
Thinking about suicide/death	5	4	3	2	1
Pregnancy	5	4	3	2	1
Receiving failing grades	5	4	3	2	1
Study skills	5	4	3	2	1

Please list any other topics or services you think might be helpful:
