

Putnam County ESC Annex

PUTNAM COUNTY ESC ANNEX
250 MEADOW GLEN DRIVE, UNIT 1
OTTAWA, OHIO 45875
PHONE: 419-523-2256

Dear Parents,

It is important to me that I can help your student and their peers to the best of my ability. So that I can best accomplish this, I would greatly appreciate it if you would complete the following survey. The survey is completely anonymous and will ask you about the needs for your student.

I thank you in advance for your time and effort as well as your participation.

Best,

Ms. Allison Ryman

1. Who is completing this survey?

- Student's Mother Student's Father Both Parents of the Student
- Student's Guardian Host Parent Other _____

2. What is your child's grade level? _____

3. Various counseling services are listed below. Please read through the list and rate the importance of each service.

	Not Important	Somewhat Important	Important	Very Important
Academic Skills Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Consultation (grades, behavior, social situations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting Abuse/Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Agency Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Educational Workshops (course planning, bullying prevention, health/wellness issues, and PTO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Group Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please list other counseling services below that you feel are important to offer to students at our school which were not listed above.

5. Please look at the following list of concerns and check areas for what you believe YOUR STUDENTS' PEERS needs are.

- | | | |
|--|---|--|
| <input type="checkbox"/> College and Career Planning | <input type="checkbox"/> Divorce and separation in the family | <input type="checkbox"/> Dealing with the loss of a loved one |
| <input type="checkbox"/> Poverty and/or homelessness (i.e. community resources for assistance) | <input type="checkbox"/> Hurting/Cutting oneself and/or talking about suicide | <input type="checkbox"/> Positive relationships (friends, family, teachers, dating, and other) |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Fear of going to school | <input type="checkbox"/> Alcohol and drug use |

- | | | |
|---|---|--|
| <input type="checkbox"/> Improving school success | <input type="checkbox"/> Hurting/Cutting oneself and/or talking about suicide | <input type="checkbox"/> Living and working in a diverse setting |
| <input type="checkbox"/> Goal setting | <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Gender identity/sexual orientation | <input type="checkbox"/> Communicating with others | <input type="checkbox"/> Bullying/harassment |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Neglect/Abuse |

6. Please look at the following list of concerns and check areas YOUR STUDENT needs help with.

- | | | |
|--|--|--|
| <input type="checkbox"/> Paying attention/hyperactive behaviors | <input type="checkbox"/> Neglect/Abuse | <input type="checkbox"/> Goal setting |
| <input type="checkbox"/> Divorce and separation in the family | <input type="checkbox"/> Anger management | <input type="checkbox"/> Fear of going to school |
| <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Motivation | <input type="checkbox"/> College and Career Planning |
| <input type="checkbox"/> Positive relationships (friends, family, teachers, dating, and other) | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Hurting/Cutting oneself and/or talking about suicide | <input type="checkbox"/> Poverty and/or homelessness (i.e. community resources for assistance) | <input type="checkbox"/> Bullying/harassment |
| <input type="checkbox"/> Improving school success (time management, organization, study skills, etc.) | <input type="checkbox"/> Dealing with the loss of a loved one | <input type="checkbox"/> Alcohol and drug use |
| <input type="checkbox"/> Living and working in a diverse setting (cultures, genders, disabilities, etc.) | <input type="checkbox"/> Gender identity/sexual orientation | <input type="checkbox"/> Communicating with others |
| <input type="checkbox"/> Other (please specify) _____ | | |