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

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1. **Who is completing this survey?**

|  |  |  |
| --- | --- | --- |
| * Student's Mother | * Student's Father | * Both Parents of the Student |
| * Student's Guardian | * Host Parent | * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What is your child’s grade level? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### 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 |  |  |  |  |
| Parent Consultation (grades, behavior, social situations) |  |  |  |  |
| Individual Counseling |  |  |  |  |
| Classroom Guidance |  |  |  |  |
| Career Planning |  |  |  |  |
| Peer Mediation |  |  |  |  |
| Reporting Abuse/Neglect |  |  |  |  |
| Community Agency Referrals |  |  |  |  |
| Parent Educational Workshops (course planning, bullying prevention, health/wellness issues, and PTO) |  |  |  |  |
| Crisis Intervention |  |  |  |  |
| Small Group Counseling |  |  |  |  |

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

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

|  |  |  |
| --- | --- | --- |
| * College and Career Planning | * Divorce and separation in the family | * Dealing with the loss of a loved one |
| * Poverty and/or homelessness (i.e. community resources for assistance) | * Hurting/Cutting oneself and/or talking about suicide | * Positive relationships (friends, family, teachers, dating, and other) |
| * Anger management | * Fear of going to school | * Alcohol and drug use |
| * Improving school success | * Hurting/Cutting oneself and/or talking about suicide | * Living and working in a diverse setting |
| * Goal setting | * Low Self-Esteem | * Motivation |
| * Gender identity/sexual orientation | * Communicating with others | * Bullying/harassment |
| * Eating disorders | * Stress/Anxiety | * Neglect/Abuse |

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

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

* Other (please specify) ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_