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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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) ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_