Pine Level Elementary School

school counseling

Parent/Guardian Needs Assessment

Ms. Robyn Raven Prek-2nd
Mrs. Wendy Ellender 3rd-5th

Hi Parents/Guardians! Thank you for taking the time to fill out this survey.
Your responses will help us plan relevant and meaningful programming for our students!

What is your name? _____

What is your child's name? _____

Which grade level(s) do your child(ren) attend?

PreK K 1st 2nd 3rd 4th 5th

Please provide your contact information below, and check your preferred contact method.

- ❑ Phone call: _____
- ❑ Email: _____
- ❑ Parent Square: _____

How can the school counselor help you and your child?

- ❑ Adjustment to school
- ❑ Trauma
- ❑ Military Family/ Deployment
- ❑ Making and Keeping Friends
- ❑ Self-Esteem
- ❑ Self-Control Skills
- ❑ Finding a therapist for my child
- ❑ Coping with stress and anxiety
- ❑ Coping with anger
- ❑ Grief and loss support
- ❑ Divorce / Family Pressure
- ❑ We are okay for now
- ❑ Other:

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