

# Small Groups Needs Assessment

Name: \_\_\_\_\_

school year

\_\_\_\_\_ School Staff      \_\_\_\_\_ Student

Below are some suggested topics that could be covered in counseling groups. Please indicate the areas in which you believe you would benefit from attending a group by circling the appropriate number.

	Extreme Need	Need	Somewhat Needed	Very Little Need	Little/ No Need
Feeling sad/ depressed	5	4	3	2	1
Difficulty making friends	5	4	3	2	1
Divorce/ Separation	5	4	3	2	1
Coping w/ 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 close friend/ relative	5	4	3	2	1
Problem 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
Receiving failing grades	5	4	3	2	1
Pregnancy	5	4	3	2	1
Study Skills	5	4	3	2	1

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

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