

Student Counseling Needs Assessment
Discovery Charter School

Name _____ Grade _____ Date _____

Check any of the following counseling issues that you would like to talk about. Please return the completed assessment to the counseling office.

- | | |
|---|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Self-Esteem | <input type="checkbox"/> Death/Loss |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Family/Parent issues |
| <input type="checkbox"/> Organization skills/Study skills | <input type="checkbox"/> Test taking/Anxiety |

Other: _____

Thank You
Ms. Ongbongan
School Counselor

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