

Emotional/Social Needs Assessment for Parents

For the following items in this section, rank each topic from 1 to 5 (1=the most serious issue concerning your child, 5=the least serious issue concerning your child). Circle the example(s) that apply to your child.

1. Peer pressure (EX: cliques, alcohol or drug use, sexual activity, gang involvement) _____
2. Problems among diverse students (EX: race/ethnicity, money, religion) _____
3. Student's self-image (EX: body image, depression, extreme academic stress, perfectionism) _____
4. Violence (EX: bullying, controlling anger, fights in or out of the classroom) _____
5. School unity (EX: making new friends, difficulty fitting in, lack of school spirit) _____

For the following items in this section, circle the number that best represents your opinion

I SEE THESE BEHAVIORS IN MY CHILD:

- | | | | | |
|---|---|---|---|---|
| 6. Conforming to unhealthy groups | 1 | 2 | 3 | 4 |
| 7. Expressing and/or experiencing prejudice | 1 | 2 | 3 | 4 |
| 8. Difficulty managing school-related stress | 1 | 2 | 3 | 4 |
| 9. Aggression | 1 | 2 | 3 | 4 |
| 10. Difficulty assimilating to the new school | 1 | 2 | 3 | 4 |

Answer the following to the best of your ability.

11. Based on your knowledge of your child, please indicate and discuss any other emotional areas of concern not covered on this survey. _____

Answer the following to the best of your ability.

12. Identify a guidance lesson topic you believe your child would benefit from the most. _____
