

Parent Needs Assessment: Counseling Program

Dear Parents,

Your response to the following questions will be considered when preparing our Individual & Group Counseling Program. Please complete the form and turn into the front office or email to either Counselor below. 😊

1. What are your greatest concerns for your child? Please check all that apply.

Self-esteem Shyness Divorce Anger Management

Homework Bullying Motivation Responsibility

Depression Peer Pressure Study Skills Decision Making

2. Are you interested in attending parent programs at school to help with your child at home? YES
NO

**If yes, what time during the day would be best for you?

MORNING (8:15) AFTERNOON (12:00) EVENING (6:00)

3. What topics would you like to see covered at Parent Programs?

Discipline strategies Bullying Dealing with stress & change

Anger Management Love & Logic Program

Violence within family Death family member

Divorce or separation in the family

Other (please list): _____

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