



Comprehensive Counseling Program Needs Assessment Survey

Parent Notification and Opt-In Form

A Comprehensive Counseling Needs Assessment is a survey completed by students, parents, teachers and/or administrators every three years and offers a data-informed direction for a comprehensive school counseling program. It can assist counselors in identifying student needs, informing curriculum development to address those needs, and pinpoint the high-need areas for small groups. The student-level data from a needs assessment assists counselors in determining why students aren't succeeding, some of the barriers they face, and their strengths.

Accessing the Survey

A copy of each survey version is linked below and can also be viewed on the School Counseling Page. Hard copies may also be viewed in person in the school counseling center.

- [Student Survey](#)
- [Parent Survey](#)
- [Teacher Survey](#)

How the Data Will be Used

- Data will be used to identify the needs of students to drive the school counseling program and implement interventions, create lesson plans for classroom instruction, develop small group counseling curricula, and enhance programs within the school. This survey is designed to help us better serve you in the future and is not a form for submitting questions or complaints.

Data Collection Information

Data collected for the needs assessment Survey is housed by www.CTESurveys.com While access to the data is managed by the district. Information about CTE Surveys can be found at:

- [Privacy Policy](#)

Who will have access to my student's responses?

- Each student's response will be anonymous with no name associated with their response. However, several entities will have access to those anonymous individual-level responses as listed below:
 - School Counselors
 - As needed, district and administrative staff
 - Auditing agencies, as applicable. Agencies with the right to audit the data include the Office of the Legislative Auditor General or the Office of the State Auditor

Parent Consent: *If you wish for your child to participate in the survey, sign your name below. This signature indicates that you want your child to participate in the Comprehensive Counseling Program Needs Survey.*

I give consent form my child to participate in the Comprehensive Counseling Needs Assessment survey:

Student Name

Parent/Guardian Signature

Date