NAME: _____
DATE: _____

School Counseling Program Assessment for Teachers/Administrators

Thank you for taking time to reflect on your experience with the school counseling program. Your responses will help us continue to build a solution focused school counseling program that meets your needs as well as our students, staff, parents and school community. Please complete the following assessment thoughtfully.

1. General Impressions

- What has the school counselor done well to support you and your students this year?

- When has the school counseling program been most helpful to you?

- What difference has the counseling program made for your students and your classroom?

2. Program Components

Please reflect on each area below and share examples of what worked well and what could be improved.

1. ***Counseling Programs (school-wide efforts, initiatives, and supports):***
   What worked well?

   What could we do to improve?

2. ***Classroom Guidance (lessons delivered to all students):***
   What worked well?

What could we do to improve?

3. ***Groups (small group counseling for targeted needs):***
   What worked well?

   What other kinds of groups do you see a need for?

4. ***Individual Planning (supporting students with goals, plans, and transitions):***
   What worked well?

   What could be improved?

5. ***Responsive Services (individual counseling, crisis response, and urgent student needs):***
   What worked well?

   What could be improved?

3. Future Hopes

- Imagine the counseling program improves even more next year. What would be happening that tells you it is more effective?

- What additional support or services do you need from your school counselor in the future?

Thank you for your feedback. Your insights are valuable as we continue to build a solution focused counseling program that works for all.