



The Grayson Approach

Client Questionnaire & Needs Assessment

Please complete the following questionnaire to help The Grayson Approach better understand your needs and determine appropriate supportive services. All information provided will be kept confidential and used solely for service planning purposes.

BASIC INFORMATION

Client Name:

Date of Birth:

Age:

School/Organization (if applicable):

Grade (if applicable):

Parent/Guardian Name (if applicable):

Phone Number:

Email Address:

AREAS OF NEED

Please check all areas in which support is needed:

- | | |
|--|--|
| ☐ Behavior Management | ☐ Coping Skills |
| ☐ Emotional Regulation | ☐ Stress / Anxiety Management |
| ☐ Social Skills Development | ☐ Anger Management |
| ☐ Communication Skills | ☐ Peer Relationships |
| ☐ Conflict Resolution | ☐ Family Relationships |
| ☐ Self-Esteem / Confidence Building | ☐ School Performance / Focus |
| ☐ Healthy Relationship Building | ☐ Mentoring Support |

CURRENT FUNCTIONING

Please rate the following areas on a scale from 1 to 5 (1 = Significant Difficulty, 5 = Doing Well).

Managing Emotions: 1 2 3 4 5

Following Directions: 1 2 3 4 5

Communication with Others: 1 2 3 4 5

Handling Stress: 1 2 3 4 5

Relationships with Peers: 1 2 3 4 5

Relationships with Family: 1 2 3 4 5

Behavior at School/Home: 1 2 3 4 5

Self-Confidence: 1 2 3 4 5

ADDITIONAL INFORMATION

Please provide any additional information, concerns, goals, or supports you would like The Grayson Approach to know about:

The Grayson Approach

Marquita S. Williams, MS

Phone: 260-203-6875

Email: thegraysonapproach1@gmail.com