

Name:

Student Self Assessment

Please read each statement and mark the most appropriate answer choice for you.

1. **What grade are you in?** 6th 7th 8th 9th 10th 11th 12th

2.

Check off if you need help or do not need help	I need help	I do not need help	Comments
Making better Decisions			
Reading			
Improving how I talk to others			
English class			
Pregnant/Teen Parenting			
Math class			
Moving to a new school			
Science class			
Getting involved in school activities			
History class			
Concerns about drug/alcohol use			
Adding/Subtracting			
Helping myself gain confidence			
Multiplying/Division			
Feeling better about myself			
Handling being bullied			
Feeling sad or depressed			
Grief/loss someone close to me			

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Check off if you need help or do not need help	I need help	I do not need help	Comments:
Getting along with other students better:			
Dealing with anger			
Feeling Stressed			
Feeling Anxious			
Skills for resolving conflict			
Understanding sexual orientation/gender identity			
Please let us know if you:	YES	NO	If Yes, please explain
Do you feel valued at home?			
Do you feel valued at school?			
Do you advocate for yourself?			
Have any food allergies			
Are allergic to anything else			
On any medication			

What do you think your strengths are? (What are you good at)

What do you think your weaknesses are? (What do you struggle with)

Do you have someone you can talk to at home?