

**Counseling Department**

**Middle School Needs Assessment  
Grade 6-8**

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_ Counselor: \_\_\_\_\_

The school counseling department provides information and help on a number of issues. Please complete this form so that we can best support you.

**This information is confidential.**

I am concerned about the following topic(s):

Topic	Often	Sometimes	Never
Making friends/getting along with friends			
Managing stress			
Adapting to the size of middle school and changing classes			
Feeling good about myself (self-esteem, self-confidence, self-respect)			
Succeeding at school (study skills, getting along with teachers)			
Dealing with divorced, separated, or new parents/changing families			
Dealing with angry feelings			
Dealing with the death of a relative or friend			
Handling teasing, bullying, or cyber bullying			
Handling feelings of sadness, loneliness, or depression			
Adjusting to American culture			
Dealing with decision making			
Dealing with peer pressure			
Setting goals and planning for high school and beyond			
Dealing with alcohol or drug abuse			
Dealing with health issues (self or others)			
Other issues?			

\_\_\_\_\_ I would like to meet with my counselor as soon as possible.

Thank you!

**Dear Parents,**

**Your student will be invited to complete the attached assessment in October. Please review the assessment and if you would like to opt out, please notify your child’s counselor by September 30<sup>th</sup> using the emails below:**

- Grade 6 – [Rita P Gama@mcpsmd.org](mailto:Rita.P.Gama@mcpsmd.org)**
- Grade 7 – [Maria F Kohlerman@mcpsmd.org](mailto:Maria.F.Kohlerman@mcpsmd.org)**
- Grade 8 – [Caryn Fischer@mcpsmd.org](mailto:Caryn.Fischer@mcpsmd.org)  
[Gerald S Thomas@mcpsmd.org](mailto:Gerald.S.Thomas@mcpsmd.org)**

**Sincerely,  
The Westland Middle School Counseling Department**