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Name \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Teacher \_\_\_\_\_

**PLEASE RETURN NEEDS ASSESSMENT TO YOUR CHILD'S TEACHER**

**STUDENT NEEDS ASSESSMENT  
Westhills Elementary School  
3<sup>rd</sup>—6<sup>th</sup> Grade**

I am interested in: (Choose 3)

- \_\_\_ 1. Learning about myself
- \_\_\_ 2. Getting along with others; making and keeping friends
- \_\_\_ 3. Talking about feelings
- \_\_\_ 4. Learning to make decisions
- \_\_\_ 5. Learning how to study, take tests, and set goals
- \_\_\_ 6. Learning about jobs/careers

**STUDENT NEEDS ASSESSMENT  
Westhills Elementary School  
2<sup>ND</sup> thur 5<sup>TH</sup> Grade**

I am interested in: (Choose 3)

- \_\_\_ 1. Learning about myself
- \_\_\_ 2. Getting along with others; making and keeping friends
- \_\_\_ 3. Talking about feelings
- \_\_\_ 4. Learning to make decisions