



Sample 4th - 8th Grade Student Needs Assessment

(School Name) is asking you to complete this questionnaire in order to identify ways we can support your success in school and life. Please answer each question to the best of your ability, and honestly. Thank you!

Information about you:

Are you Male (boy) or Female (girl)?

How old are you?

9 10 11 12 13 14 Older than 14

What grade are you in?

4th 5th 6th 7th 8th

How do you describe yourself or your family?

- Latino (Mexican, Latin American, Puerto Rican)
- African American (Black)
- White (Caucasian)
- Asian
- Native American
- Other

What language do you speak at home? (may choose more than one)

English Spanish Polish Chinese Indian (dialects) Other

Tell us about your brothers or sisters?

Brothers (how many) Brother's Age(s)

Sisters (how many) Sister's Age(s)

Information about you and your school:

Please say whether you agree or disagree with these statements:

	Agree	Disagree
Students in my school get along well with one another.	___	___
Teachers in my school like students in this school.	___	___
My teacher listens to me.	___	___
I can ask my teacher with help when I don't understand my work.	___	___
Adults in this school treat students with respect.	___	___
Students in this school treat adults with respect.	___	___
I feel safe in my school.	___	___
I like to come to school.	___	___
There are plenty of adults at my school to ask for help with school work.	___	___
I could use more help with reading.	___	___
I could use more help with math.	___	___
I could use more help with science.	___	___

How much time do you spend doing homework outside of your regular school day? (including afterschool programs) ___ <1/2 hour ___ 1/2-1 hour ___ 1-2 hours ___ no time

Who helps you with your homework when you need it? (choose all that apply)

- ___ Parents
- ___ Grandparents or other guardians
- ___ Other relatives (older brothers/sisters, aunts uncles)
- ___ friends
- ___ teachers
- ___ Afterschool programs
- ___ Tutor
- ___ Other

Who talks to you about your school work? (choose all that apply)

- ___ Parents
- ___ Grandparents or other guardians
- ___ Other relatives (older brothers/sisters, aunts uncles)
- ___ friends
- ___ teachers
- ___ Afterschool programs

Tutor
 Other

How has your attendance at school been in the last month?

I was not absent on any school day I was absent one day
 I was absent 2 days I was absent 3 or 4 days I was absent more than 4 days

Why do you usually miss school if you are absent?

I am sick I have no way to get to school
 my parent needs me at home I do not want to come to school
 I don't know

How has your behavior been at school in the last month?

I never got into trouble I almost never got into trouble
 I got into trouble in class I got sent to the office

Have you ever been suspended from school?

Yes No How many times? _____

How are you doing in school?

My grades are good My grades are okay My grades are not good

What do you think would help you do better in school?

When you are at school...

Do you get bullied? Yes No Sometimes Often

Do you get teased? Yes No Sometimes Often

Do you get hit/hurt? Yes No Sometimes Often

Do you feel happy? Yes No Sometimes Often

Do you feel interested? Yes No Sometimes Often

When you are not in school, do you...

- Spend time with a church group? Yes No Sometimes Often
- Play sports or other outdoor games? Yes No Sometimes Often
- Participate in school sports and activities? Yes No Sometimes Often
- Participate in school clubs? Yes No Sometimes Often
- Go to afterschool programs in school? Yes No Sometimes Often
- Go to afterschool programs not in school? Yes No Sometimes Often
- Go to a community pool? Yes No Sometimes Often
- Go to community library? Yes No Sometimes Often
- Take art, music or dance lessons? Yes No Sometimes Often
- Go to a community center? Yes No Sometimes Often
- Babysit your brothers/sisters? Yes No Sometimes Often
- Use a community computer center? Yes No Sometimes Often
- Use a computer at home? Yes No Sometimes Often
- Play video games? Yes No Sometimes Often

In the past 6 months have you used:

- Cigarettes Beer Alcohol Marijuana Other Drugs None of these

What activities would you like to have in your school during or afterschool?

- School Help Doctor/Nurse Counselor Dentist Eye Doctor
- Sports Art Dance Music Games Theatre
- Movies Computer Class