School District Comprehensive Guidance and Counseling
Parent Survey

School: ___________________________ Grade level of child: _______ Date: _______________

How long (years) has your child attended this school: _____ Your Relationship to Child: _______________

The results of this survey will be used to evaluate and strengthen the Elementary School Comprehensive Guidance and Counseling Program in your child’s school. Please take a few minutes to complete this form and return it to your child’s teacher.

Please circle YES or NO.

1. Are you aware that your child has a school counselor? YES NO

2. Do you know how the school counselor can help your child? YES NO

3. Do you know how to contact the school counselor? YES NO

4. Do you feel free to contact the school counselor? YES NO

Please rate your answer on a scale from 1 to 5.

5. How accessible has the school counselor been in meeting your needs as a parent?
   
   1   2   3   4   5
   Not accessible   Very accessible

6. How accessible has the school counselor been in meeting the needs of your child?
   
   1   2   3   4   5
   Not accessible   Very accessible

Check the contacts you have had with the school counselor. (Check all that apply)

_____ Individual Conference
_____ Parent Meetings
_____ Telephone Conference
_____ Parenting Classes
_____ Home Visit
_____ Discipline Meeting
_____ Read Counselor Newsletters and Bulletins
_____ PTA Meetings
_____ Informal Contact (i.e. hallway, parking lot)
_____ Special Education, Referral or 504 meeting
_____ Other (please specify) ______________

7. Estimate the total number of times you have been in contact with your school counselor: ___________

Please rate your answer on a scale from 1 to 5.

8. Based on your overall contact with the school counselor how helpful was the counselor?
   
   1   2   3   4   5
   Not helpful   Very helpful