

Note: The classroom teacher will complete Part 1 of this form before students begin their small group sessions. The teacher will complete Part 2 of this form after the group ends. This process will provide the school counselor with follow up feedback about individual students who participated in the group.

**SMALL GROUP COUNSELING
TEACHER PRE-POST-GROUP PERCEPTIONS
Individual Student Behavior Rating Form**

STUDENT _____ GRADE _____ TEACHER _____

DATE: Pre-Group Assessment _____ Date: Post-Group Assessment _____

Part 1 - Please indicate rating of pre-group areas of concern in the left hand column.

Part 2 - Please indicate rating of post-group areas of concern in the right hand column.

| Pre-Group Concerns Rank on a scale of 5→1 (5 = HIGH→1 = LOW) | Student Work Habits/Personal Goals Observed <i>Colleagues, will you please help us evaluate the counseling group in which this student participated. Your opinion is extremely important as we strive to continuously improve our effectiveness with ALL students!</i> | Post-Group Concerns Rank on a scale of 5→1 (5 = HIGH→1 = LOW) | | | |
|--|---|---|--|--|--|
| | Academic Development | | | | |
| | Follows directions | | | | |
| | Listens attentively | | | | |
| | Stays on task | | | | |
| | Compliance with teacher requests | | | | |
| | Follows rules | | | | |
| | Manages personal & school property (e.g., organized) | | | | |
| | Works neatly and carefully | | | | |
| | Participates in discussion and activities | | | | |
| | Completes and returns homework | | | | |
| | Personal and Social Development | | | | |
| | Cooperates with others | | | | |
| | Shows respect for others | | | | |
| | Allows others to work undisturbed | | | | |
| | Accepts responsibility for own mis-behavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing) | | | | |
| | Emotional Issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem) | | | | |
| | Career Development | | | | |
| | Awareness of the World of Work | | | | |
| | Self-Appraisal | | | | |
| | Decision Making | | | | |
| | Goal Setting | | | | |
| | Add Other Concerns: | | | | |
| | | | | | |
| | | | | | |

**SMALL GROUP COUNSELING
TEACHER POST-GROUP PERCEPTIONS:
TEACHER FEEDBACK FORM: OVERALL EFFECTIVENESS OF GROUP**

One or more of your students participated in a small counseling group about _____. We are seeking your feedback about the effectiveness of the group e.g., students' relationship with the professional school counselor and other participants in the group and your observations of students' behavioral/skill changes (positive OR negative). We appreciate your willingness to help us meet the needs of ALL students effectively. The survey is anonymous unless you want us to contact you.

Teacher's Name (optional): _____ Date: _____

School Counselor's Name: _____

Small Group Title: _____

Before the group started, I hoped students would learn:

While students were participating in the group, I noticed these changes in their behavior/attitude

Using a scale of 5 to 1 (5 being the highest and 1 the lowest), please circle your opinion about the following

| What do you think? | 5=High | 4 | 3 | 2 | 1=Low |
|---|---------------|----------|----------|----------|--------------|
| Overall, I would rate my students' experience in the counseling group as: | 5 | 4 | 3 | 2 | 1 |
| Students enjoyed working with other students in the group | 5 | 4 | 3 | 2 | 1 |
| Students enjoyed working with the counselor in the group | 5 | 4 | 3 | 2 | 1 |
| Students learned new skills and are using the skills in school | 5 | 4 | 3 | 2 | 1 |
| I would recommend the group experience for other students | 5 | 4 | 3 | 2 | 1 |

Additional Comments for Counselor:

