

**SCHOOL ADMINISTRATOR SURVEY**

Please complete this survey in reference to the services your school received from the school-based mental health program.  
Place a check mark to indicate your answer.

1. School Name: \_\_\_\_\_
2. County \_\_\_\_\_
3. How often was the school-based professional on site at your school?       1 X week     2 X week     3 X week     4 X week     5 X week
4. Was the counselor sensitive to your schools' administration needs?     Yes     No
5. Was the counselor sensitive to your teachers' needs?     Yes     No
6. Does your school benefit from a school-based counselor on site?     Yes     No
7. Have you noticed the children who see the counselor grades improve?     Yes     No
8. Have you noticed the children's behavior at school improve?     Yes     No
9. Have you noticed more family involvement in your school?     Yes     No
10. Overall, are you satisfied with the services you receive through the school-based mental health program?     Yes     No
11. Would you recommend this program to other schools?     Yes     No

TODAY'S DATE   /   /

**Please indicate your agreement/disagreement with each of the following statements.**

|   | Strongly<br>Disagree  | Disagree              | Agree                 | Strongly<br>Agree     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. The services our students' receive are of the best quality. -----   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. My students would not be able to receive counseling services if they were not provided at school. -----                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. The school-based counselor believes our students can change their behaviors. -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. The school-based counselor respects the rights of our students and their families. -----                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Our students are improving as a result of receiving counseling in the school-based program. -----                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Our staff finds the school-based counselor is easy to talk to. -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Our students have the benefit of receiving individual counseling on site at school. -----                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Our students have the benefit of receiving group counseling on site at school. -----  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Our families have the benefit of receiving family counseling on site at school. -----                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. The school-based counselor was available to the students and families as needed and in emergencies on site at school. ----- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Our school has benefited from the knowledge the school-based counselor shares with staff and families. -----                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**FOR OFFICE USE ONLY**

**MHC Code Survey Number**

**County Code**

**School District**

**School/ Grant Number**