

## NEEDS ASSESSMENT WORKSHEET

Unit Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

The purpose for conducting a needs assessment is to determine if an identified concern is truly a problem that should be dealt with through broad-based community action. The members of our PTA executive board are concerned about

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We would like to know your thoughts on this subject. Your response to the questions below will assist us in determining whether or not you concur in our concern and the direction we should take if you agree there is a problem.

1. In your opinion is there a problem?       Yes       No
2. Is the school affected by the problem?       Yes       No
3. Is the neighborhood affected by the problem?       Yes       No
4. Is the problem citywide?       Yes       No
5. Are the following groups of people affected by the problem?
  - Students       Yes       No
  - Families       Yes       No
  - School staff       Yes       No
  - Everyone       Yes       No

6. Additional comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your name \_\_\_\_\_ Your title \_\_\_\_\_

The agency you represent, if any \_\_\_\_\_

Your address \_\_\_\_\_

Your telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Please return to \_\_\_\_\_ No later than \_\_\_\_\_

For additional information please contact \_\_\_\_\_ at \_\_\_\_\_