

TURTLE MOUNTAIN SCHOOL DIVISION
STUDENT SERVICES NEEDS SURVEY

(This survey covers all students receiving services.)

SCHOOL: _____

YEAR: _____

COUNSELLING SERVICES:

	DIRECT THERAPY	CLASS PRESENTATIONS	ACTIVE MONITOR	CAREER/ VOCATIONAL
K				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

ADDITIONAL COMMENTS: (List types and dates of programs and classroom presentations, etc.)

Signature _____

Date _____