

CLASSROOM GUIDANCE Survey

- 1 THIS TOPIC WAS IMPORTANT FOR MY STUDENTS TO LEARN. YES / NO
- 2 THIS UNIT WAS ORGANIZED AND COVERED INFORMATION THAT WILL HELP MY STUDENTS WITH THIS TOPIC. YES / NO
- 3 MY STUDENTS APPEARED TO ENJOY THE UNIT. YES / NO
- 4 I WOULD SCHEDULE A GUIDANCE LESSON WITH MRS. REX AGAIN. YES / NO

*IF SO, PLEASE COMPLETE THE ATTACHED FORM.

- 5 ADDITIONAL COMMENTS/FEEDBACK?

Name: _____

Date: _____

CLASSROOM GUIDANCE

Sign-Up Sheet

1 TOPIC:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> MAKING AND KEEPING FRIENDS | <input type="checkbox"/> BULLYING |
| <input type="checkbox"/> IDENTIFYING AND EXPRESSING FEELINGS | <input type="checkbox"/> SELF-ESTEEM |
| <input type="checkbox"/> POSITIVE BEHAVIORS | <input type="checkbox"/> STUDY SKILLS |
| <input type="checkbox"/> FOLLOWING DIRECTIONS | <input type="checkbox"/> OTHER: _____ |

2 WEEKS:

- WEEKS OF APRIL 26TH, MAY 3RD, MAY 10TH
- WEEKS OF MAY 3RD, MAY 10TH, MAY 17TH
- WEEKS OF MAY 10TH, MAY 17TH, MAY 24TH
- OTHER: _____

3 DAY OF THE WEEK:

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> MONDAY | <input type="checkbox"/> TUESDAY | <input type="checkbox"/> WEDNESDAY |
| <input type="checkbox"/> THURSDAY | <input type="checkbox"/> FRIDAY | |

4 TIME:

- FIRST CHOICE: _____
- SECOND CHOICE: _____

5 NAME: _____