

NCLB NEEDS ASSESSMENT

Name: _____

Date: _____

Please review the following possible areas of district or building needs and identify them in rank order from the highest priority as #1 to the lowest priority #10. Please also provide explanations, comments or suggestions on possible solutions to the problems.

- _____ Academic Achievement Intervention (explain _____)
- _____ Adult Education (explain _____)
- _____ Health Services (explain _____)
- _____ Parent/Community Involvement (explain _____)
- _____ Professional Development (explain _____)
- _____ Programs for Students with Special Needs (explain _____)
- _____ Safe and Drug Free Schools (explain _____)
- _____ School Climate (explain _____)
- _____ Teachers to Reduce Class Size (explain _____)
- _____ Technology Equipment & Use (explain _____)

Comments/Suggestions:
