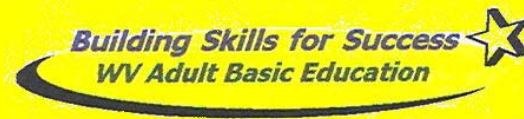


# Agency Needs Assessment



This survey has been developed to determine if your agency or organization is in need of services or products that can be provided through the West Virginia Adult Basic Education Program. Please complete the information needed, and return to:

(Place mailing label here that contains the name, address, and phone number of your program.)

## Please indicate the type of program you represent:

- |   |  |
|---|--|
| <input type="checkbox"/> business                     | <input type="checkbox"/> senior citizen center   |
| <input type="checkbox"/> community based organization | <input type="checkbox"/> social service agency   |
| <input type="checkbox"/> Head Start Program           | <input type="checkbox"/> public housing facility |
| <input type="checkbox"/> Even Start Program           | <input type="checkbox"/> health facility         |
| <input type="checkbox"/> domestic violence shelter    | <input type="checkbox"/> mental health facility  |
| <input type="checkbox"/> personal care facility       | <input type="checkbox"/> other: _____            |
| <input type="checkbox"/> educational facility         |  |

## What are the needs of your clients or staff?

In the *Level of Need* column, rate the level of your need in each area: **5=imminent 4=high 3=moderate 2=low 1=none**  
Then, in the *Population in Need* column, indicate who is in need of this service. (you may choose more than one)

Level of Need					Area of Need	Population in Need		
5	4	3	2	1		Staff	Client	Family member
					<b>GED preparation</b>			
					<b>Reading instruction</b>			
					<b>Math refresher</b>			
					<b>Writing/language refresher</b>			
					<b>Life-skill classes – budgeting, shopping, etc.</b>			
					<b>Personal growth classes – parenting, family, etc.</b>			
					<b>Thinking and reasoning skills</b>			
					<b>Organizational skills</b>			
					<b>Working as a team</b>			
					<b>Basic computer skills</b>			
					<b>Internet navigation</b>			
					<b>Goal setting skills</b>			
					<b>Wellness and safety</b>			
					<b>Personal work habits – punctuality, appearance, etc.</b>			
					<b>Job-search assistance</b>			
					<b>Career planning</b>			
					<b>Unemployment survival</b>			
					<b>Preparation for entrance exam for college</b>			
					<b>English as a Second Language (ESL)</b>			
					<b>Other: (identify)</b>			

**If classes were offered in any of these areas, how many people from your agency would be interested in attending?**

Staff \_\_\_\_\_ Clients \_\_\_\_\_ Family Member \_\_\_\_\_

**What day of the week would be best?**

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

**What time of day would be best?**

9:00 am – noon \_\_\_\_\_

1:00 pm – 4:00 pm \_\_\_\_\_

4:00 pm – 7:00 pm \_\_\_\_\_

5:00 pm – 8:00 pm \_\_\_\_\_

6:00 pm – 9:00 pm \_\_\_\_\_

Other: \_\_\_\_\_

**I would like more information about your program. Please contact me.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Best time of day to contact me by phone:**

Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_

**Best day to contact me by phone:**

Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

**Name of facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_