

Counselor _____ Client Initials _____ School _____ Date _____

**SOUTHERN CALIFORNIA COUNSELING CENTER
SCHOOL-BASED COUNSELING PROGRAM
PRE-COUNSELING ASSESSMENT**
To be filled out by student.

1. How often do you feel sad? **Circle one:**

All the time A lot of the time Sometimes Once in a while Never

What makes you sad?

What do you do when you are sad?

2. How often do you feel angry? **Circle one:**

All the time A lot of the time Sometimes Once in a while Never

What makes you angry?

What do you do when you are angry?

3. How often do you feel worried? **Circle one:**

All the time A lot of the time Sometimes Once in a while Never

What do you worry about?

What do you do when you are worried?