



**Wichita and Affiliated Tribes
Education Services Department**

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**Johnson O’Malley Needs Assessment Survey
School Year 20__-20__**

Needs Assessment Surveys are used in determining the needs of all eligible JOM students. Using the list, please choose and rank student needs from the highest (1) to lowest (3) by circling the appropriate number. Under “other”, please write in any suggestions that you feel should be included within JOM services.

Needs	Very Important	Important	Least Important
School Supplies	1	2	3
Academic Needs (Math, reading, etc.)	1	2	3
Sports Activity (Gym Shoes, Uniforms, Sport Fees)	1	2	3
Senior Graduation (Caps and Gowns)	1	2	3
Incentives (Honor Rolls and Attendance only)	1	2	3
Career Counseling (College, Voc./Tech., Job Career)	1	2	3
Teacher’s Aide/Tutor	1	2	3
ACT Testing Fees	1	2	3
Cultural Enrichment	1	2	3
Other* (Please specify below)	1	2	3

*Please specify other: _____

How do think JOM funds could be used to allow the student to equally participate in school activities?

Please check the category/category that best describes you:

_____ Parent/ Guardian _____ Student _____ Other: _____

Sot:ic?a, thank you.