



Corporate Wellness Needs Assessment

Presented by PsycYourMind | Crystal Joseph, LCPC, LPC, ACS

Please complete and return to Crystal@PsycYourMind.com so I may review and schedule meeting to discuss next steps.

1. Organization Name:

2. Primary Contact Person:

3. Title/Role:

4. Email Address:

5. Phone Number:

6. Name of Event/Program (if applicable):

7. Proposed Date(s):

8. Duration or Timeframe:

9. Location (On-site, Virtual, Hybrid):

10. What type of engagement are you seeking?

☐ Keynote Speaker

☐ Workshop or Breakout Session

☐ Panel Moderator or Guest Panelist

☐ Pop-Up Wellness Consultations (1:1 support)



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☐ Mental Health Education or Training

☐ Licensed Clinical Supervision Consultation ☐

Customized Wellness Product or Resource

☐ Other (please describe): _____

11. What is the intended audience?

☐ Executive Leadership

☐ General Staff

☐ DEI or HR Professionals

☐ Contractors or Freelancers

☐ Community Stakeholders

☐ Other: _____

12. Estimated number of participants:

☐ 1-25

☐ 26-50

☐ 51-100

☐ 100+

13. What outcomes are most important to your organization from this collaboration? (Select top 3)

☐ Boosting morale and resilience

☐ Reducing stress or burnout

☐ Supporting transitions or identity shifts

☐ Enhancing leadership capacity

☐ Promoting psychological safety

☐ Normalizing therapy and mental health support



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☐ Providing culturally competent care

☐ Other: _____

14. Have you hosted mental health or wellness programming before?

☐ Yes

☐ No

If yes, what worked well? What would you change?

15. Is there a budget set aside for this engagement or service?

☐ Yes - Approximate Budget: \$ _____

☐ No - Would like to discuss pricing options

☐ In-kind partnership or sponsor collaboration

16. How did you hear about Crystal Joseph or PsycYourMind?

☐ Referral

☐ Past collaboration

☐ Social media

☐ News feature or media outlet

☐ Conference or event

☐ Other: _____

17. Any additional goals, needs, or notes you'd like us to consider?
