STUDENT SURVEY

Name: ________________________           Class: ___________________________

What are you interested in outside of school? Hobbies, interests, etc.
____________________________________________________________________________
____________________________________________________________________________

Do you struggle with any activities of daily living, such as personal hygiene, dressing, and eating?
____________________________________________________________________________
____________________________________________________________________________

Do you have any chores or responsibilities at home? If so, what are they?
____________________________________________________________________________
____________________________________________________________________________

What is your learning style/How do you learn best?
____________________________________________________________________________
____________________________________________________________________________

What are your academic interests, preferences, and strengths:
____________________________________________________________________________
____________________________________________________________________________

What is your favorite subject, and what is your favorite thing about school?
____________________________________________________________________________
____________________________________________________________________________

What are some of the academic concerns that you have? What do you feel that you struggle with academically?
____________________________________________________________________________
____________________________________________________________________________

What do you think teachers could do to help you in areas where you are struggling?
____________________________________________________________________________
____________________________________________________________________________

What are your social strengths and weaknesses (Do you feel that you struggle to make friends? / Do you make friends easily? Are you sensitive or shy? Are you very outgoing? etc.)
____________________________________________________________________________
____________________________________________________________________________

What are your physical strengths and weaknesses? (Are you athletic? What sports do you enjoy participating in? What other physical activities do you enjoy? Are there activities that are physically difficult for you?)
____________________________________________________________________________
____________________________________________________________________________

Do you wear prescription eye glasses?   yes         no

*Do you have any allergies? ________ If yes, what are they? _______________

Do you have asthma?   yes         no