

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