

STUDENT  
QUESTIONNAIRE

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Prior School: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Students who are able to complete this questionnaire alone should. Students who need help may work with parent/guardian to complete this questionnaire.

Tell me about you:

- What do you like to do in your free time? \_\_\_\_\_  
\_\_\_\_\_
- What makes you angry or upset? How do you usually handle your anger? \_\_\_\_\_  
\_\_\_\_\_
- What makes you happy or feel good about yourself? \_\_\_\_\_  
\_\_\_\_\_
- What do you do well? \_\_\_\_\_  
\_\_\_\_\_
- Do you have many friends? \_\_\_\_\_  
\_\_\_\_\_
- What do you and your friends like to do together? \_\_\_\_\_  
\_\_\_\_\_

Tell me about school:

- How are you doing in school? \_\_\_\_\_  
\_\_\_\_\_
- What do you like best/least about school? \_\_\_\_\_  
\_\_\_\_\_
- What do you think your strengths are in school? \_\_\_\_\_  
\_\_\_\_\_

- What are areas you need to work on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Could you be doing better in school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What do you think you need to do to be more successful in school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If you could change anything about school, what would you change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell me about home:

- Who do you live with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How do you get along with your parents? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How do you get along with your siblings? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What kinds of things does your family do together? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Is there anything else you want to tell me? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_