EASTSIDE ACADEMY/TRANSITIONAL LEARNING CENTER

STUDENT

SURVEY

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_ Age\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your favorite subjects in school?
2. What hobbies/extracurricular activities do you participate in? (sports, clubs, church, ...)
3. How do you get along with other students?
4. How do you get along with other brother and sisters?
5. What makes you want to learn?
6. What would you like more help on in school?
7. What would you like to be when you grow up?
8. Write down a time when you were most happy in school.