

STUDENT SURVEY

Your Name: _____

Date: _____

Birthdate: _____

School: _____

Grade: _____

1. What are your strengths? What are you really good at? (e.g. very organized, thorough, motivated, etc.)

2. What are some things that don't come easy to you ? (e.g. struggle w/organization, math, lack of confidence, reading comprehension, etc.)

3. What things do you like to do when you're not in school? Hobbies/interests? Do you like to read about any of those things?

4. What do you like to read about? What type of books do you like to read?

5. What do you like best about school? Why? Anything you don't like? Why?

6. List any special interests you have. (e.g. playing violin, soccer, drawing, singing, etc.)

7. Are you receiving tutoring or reading assistance at school? _____ If yes, What kind?

8. Do you have any goals that I can help you with? _____

9. Is there anything else you might like me to know?

Thank you! I am looking forward to working with you!