

**STEP Meeting Elementary School Student Questionnaire**

School Name \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Teacher –After student completes form, please submit to school administrator prior to the STEP meeting.*

1. At school, activities I really like

\_\_\_\_\_  
\_\_\_\_\_

2. I am really good at

\_\_\_\_\_  
\_\_\_\_\_

3. I learn best when

\_\_\_\_\_  
\_\_\_\_\_

4. I would like help with

\_\_\_\_\_  
\_\_\_\_\_

5. Two of my greatest strengths are

\_\_\_\_\_  
\_\_\_\_\_

6. I worry about

\_\_\_\_\_  
\_\_\_\_\_

7. I want to know more about (activities, hobbies, occupations, etc.)

\_\_\_\_\_  
\_\_\_\_\_

