

STEP Meeting High 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.

AT SCHOOL

1. I really enjoy

2. Two of my strengths are

3. Things I like about school are

4. Sometimes I worry about

5. Changes I would make at school are

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



AT HOME

7. My family (the people who live in my home) are

8. I get along best with

9. The person I like to talk to most is

10. The person who helps me learn is

MY FUTURE

11. When I finish school, I plan to (work? go to college? where?)

12. Jobs that I would enjoy are

13. The things that I am doing right now to get myself ready for a job or career are

14. Two important goals I have for this year are

a.

b.

15. To achieve these goals I plan to

