

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 _____

