



STEP Meeting Middle School Student Questionnaire

School Name

Student: _____ Grade: _____ Date: _____

Parents/Guardians: _____

Phone: _____ Email: _____

Teacher – After student completes, 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. Things I would change at school are _____

5. My concerns are _____

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

AT HOME:

1. The people in my family are (the people I live with) _____

2. At home I get along best with _____

3. The person I like to talk to most is _____

4. The person who helps me learn is _____

IN THE FUTURE:

1. When I finish middle school, I plan to attend _____

2. Extracurricular activities I am looking forward to participating in are

3. The things that I am doing right now to prepare myself for high school are

4. Two important goals that I have set for myself THIS year are:

a. _____

b. _____

5. To help myself achieve these goals, I plan to _____

6. I would like help with or advice about _____
