

STEP Meeting Middle 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. At home 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 middle school, I plan to attend _____

- 12. Extracurricular activities I am looking forward to participating in are _____

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

- 14. Two important goals I have that I have set for myself THIS year are
 - a. _____

 - b. _____

- 15. To achieve these goals I plan to _____

- 16. I would like help with or advice about _____

