

**STEP Meeting Parent Questionnaire**

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

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

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

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

*Teacher – please submit completed form to administrator prior to the STEP meeting.*

1. When I am in the classroom, I like \_\_\_\_\_  
\_\_\_\_\_

Draw a picture of yourself in the classroom doing what you like to do.

2. One thing I would change about school is \_\_\_\_\_  
\_\_\_\_\_

Draw a picture of something you would change at school.



3. When I am on the playground I like \_\_\_\_\_

\_\_\_\_\_

Draw a picture of yourself on the playground doing what you like to do.

4. One thing I don't like on the playground is \_\_\_\_\_

\_\_\_\_\_

Draw a picture of something you don't like on the playground.



5. I am really good at \_\_\_\_\_

\_\_\_\_\_

Draw a picture of yourself doing what you are really good at.

6. It is hard for me to \_\_\_\_\_

\_\_\_\_\_

Draw yourself doing what is hard for you.



7. If I had one wish to make things different, I would wish for \_\_\_\_\_

\_\_\_\_\_

Draw this.

