

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

