

STEP Meeting Elementary 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.

1. At school, activities I really like _____

2. I am really good at _____

3. I learn best when _____

4. I would like help with _____

5. Two of my greatest strengths are _____

6. I worry about _____

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

