

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.

