

Name: \_\_\_\_\_

## STUDENT QUESTIONNAIRE

The following questions are to be completed by the child. **We prefer, when age appropriate, to see the child's own handwriting.** However, if it is necessary to help him/her write the answers, please use the child's own words as much as possible. Please add additional paper if you need more space.

1. What do you like best at school? Why? \_\_\_\_\_

\_\_\_\_\_

2. What do you dislike at school? Why? \_\_\_\_\_

\_\_\_\_\_

3. What is easiest of all your schoolwork? Why? \_\_\_\_\_

\_\_\_\_\_

4. What is most difficult at school? Why? \_\_\_\_\_

\_\_\_\_\_

5. What do you like to do for fun? \_\_\_\_\_

\_\_\_\_\_

6. How much television do you watch each day? \_\_\_\_\_

7. Which are your favorite TV shows? \_\_\_\_\_

\_\_\_\_\_

8. How much time do you spend each day on homework? \_\_\_\_\_

9. How much reading do you do just for fun? \_\_\_\_\_

10. What kinds of things do you most enjoy reading? \_\_\_\_\_

\_\_\_\_\_

11. What kind of work do you like to do best? Why? \_\_\_\_\_

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12. What would you like to be best at doing? \_\_\_\_\_

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13. What do your friends do that you wish you could do better? \_\_\_\_\_

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14. What do you think you would like to do, or be, as an adult? \_\_\_\_\_

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15. Do you plan to go to college? \_\_\_\_\_

16. Do you know which college you might like to attend? \_\_\_\_\_

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17. Do you think you have good eyes and good vision? Why? \_\_\_\_\_

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18. Do you think that your eyes, your vision, or your attention ever interfere with what you want to do? Why? \_\_\_\_\_

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