

Student Questionnaire

The below questions will help me get to know you better and help you learn. You can write answers below or we can talk through your answers. Your answers will be kept private and will not be shared with anyone else.

| Your Name: | |
|------------|--|
| • | What do you like best about school? Why? |
| • | What is most difficult for you at school? |
| • | How long have you gone to this school? |
| • | Do you have close friends in school? If so, who are they? Why do you like them? |
| • | If you don't have close friends, would you like help making friends? |
| • | When is it easiest for you to pay attention in class? During a certain time or activity? |
| • | When is it hardest for you to pay attention? What helps you at those times? |
| • | What makes you frustrated or upset? |
| • | What do you do to calm down? |
| • | What do you enjoy doing outside of school? |
| • | Do you participate in activities or sports outside of school? |
| • | What else would you like me to know about you? |
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You can add anything else you would like on the back of this sheet.

Created in collaboration between Tasha Fisher at Chicago Public Schools & Learning A-Z, 2022

