

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? _____

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

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

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

15. Do you plan to go to college? _____

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

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

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