Student Questionnaire

Please complete this questionnaire and bring it to the Annual Case Conference for this student.

Student Name: ___________________________ STN#: ___________________________ Date: ________________

Recorded by (if other than student: ______________________ School: ________________ Grade: _______

1. Are your classes/special services helpful to you? What other help do you need?

2. What accommodations/modifications work best for you?

3. What are your strengths and weaknesses?

4. What are your interests/academic and extracurricular?

5. What are your goals for your future?