



**South Bend Community School Corporation
Special Education Services**

215 S. St. Joseph St, South Bend, IN 46601
Ph: 574.283.8130 Fax: 574.283.8105

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?