

Student Questionnaire

Date

Your Name *Last Name*

First Name

Parent Name *Last Name*

First Name

Grade in school

Whose idea was it for you to have this evaluation?

Why are you coming for this evaluation?

What do you like most about school?

What do you like least about school?

What is your favorite subject?

Why? (circle one)

subject itself the teacher the combination of both?

What is your least favorite subject?

Why? (circle one)

subject itself the teacher the combination of both?

How do you learn the best? (circle one)

reading listening hands on activities other ways:

How do you like your teacher?

Do you go to teachers if you need extra help?

ACADEMIC PERFORMANCE

Place a check in the appropriate column.

	Better than you expect	Good enough	Not good enough
For you, are your current grades:			
For your parents, are your current grades:			
For your teachers, are your current grades:			

Do you think you could do better if you tried harder, or would it not help?

On average how many hours of homework do you have assigned each night?

Are you able to complete it?

	Easy	Average	Hard
<i>Place a check in the appropriate column.</i>			
Reading			
Writing			
Spelling			
Math			
Social Studies (Geography, History)			
Science			
Foreign Language Which one?			
Gym			
Computers			
Art			
Music			
Drama			
Other			

ACTIVITY, ATTENTION, BEHAVIOR

Listed below are items concerning your behavior or the problems you may sometimes have. Read each item carefully and decide how much you think you have been bothered by this problem during the past month.

<i>please check the appropriate column</i>	Not True	Sometimes True	Very/Often True
1. I fail to finish things I start			
2. I can't sit still for long			
3. I fidget			
4. I act without thinking			
5. I have difficulty following directions			
6. I talk out of turn			
7. My work is messy			
8. I am easily distracted			
9. I talk too much			
10. I fail to carry out assigned tasks			
11. I disturb other students			
12. I am easily frustrated			
13. My mood changes quickly and drastically			
14. I have a temper and can explode			
15. I destroy things			
16. I have difficulty keeping a schedule			
17. I notice things no one else does			
18. I understand the main point of things but miss details			
19. I get tired too easily when I need to concentrate			
20. I have difficulty getting started in the morning			
21. I learn a new skill and then forget it			
22. My work is inconsistent			
23. I don't notice when I make mistakes			
24. I don't notice when I disturb someone			
25. I don't improve with punishment			
26. I have difficulty listening			
27. I say things that have little or no connection to what is happening			
28. I don't think ahead			
29. My behavior changes quickly and is unpredictable			
30. I get into trouble without meaning to			

ACTIVITY, ATTENTION, BEHAVIOR

Listed below are items concerning your behavior or the problems you may sometimes have. Read each item carefully and decide how much you think you have been bothered by this problem during the past month.

<i>please check the appropriate column</i>	Not at all	Just a little	Pretty Much	Very Much
1. I have trouble concentrating on one thing at a time				
2. My mind wanders				
3. I have trouble keeping my thoughts organized				
4. I can't stick with things for more than a few minutes				
5. I lose track of what I am supposed to be doing				
6. I get distracted easily				
7. It takes a lot of effort to get my schoolwork done				
8. I tend to learn more slowly than I would like				
9. I have trouble organized my schoolwork				
10. I don't make much effort at my schoolwork				
11. I am behind on my studies				

Have you gotten into trouble at school because of your behavior? If yes, what happened?

Have you gotten into trouble at home? If yes, what happened?

What responsibilities do you have at home? (chores)

What is your best quality?

If you could be granted three wishes, what would they be?

1.

2.

3.

Is there anything else you would like us to know?

Thank you for your help! *DMC Staff*