

Bennett's Place

Student Questionnaire

Date : _____

Student : _____ Grade: _____ Age: _____

Parent: _____

Please have your child fill out this questionnaire independently if possible. Parents feel free to elaborate but please let us know what is coming from the child and what is coming from the parent. Consumers in kindergarten through 3rd grade answer questions #1-6. All other consumers please complete all the questions. Thank you!

1) What do/did you like best about school?

2) What do/did you not like about school?

3) What are your favorite things to do?

4) What are your favorite toys or games?

5) What makes you feel happy?

6) What makes you feel sad? Angry?

7) What do you do to help yourself when you feel angry or sad?

8) What can others do for you when you feel this way?

9) What is/was your favorite subject in school? Why?

10) When you are/were with your teacher, what does/did he or she do that helps/helped you learn?

11) What do you like to do with your family?