

# Alexsander Academy 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. Students for the 2<sup>nd</sup>/3<sup>rd</sup> grade classroom answer questions #1-6. All other students please complete all the questions. Thank you!

1) What do you like best about school?

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2) What do you not like about school?

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3) What are your favorite things to do?

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4) What are your favorite toys or games?

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5) What makes you feel happy?

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6) What makes you feel sad? Mad?

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

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

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

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

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