## **Student Interest Form**

| Student: Grade Level: Year: DOB: |
|----------------------------------|
|----------------------------------|

**Instructions**: Please answer the following questions.



What do you **LIKE** to do at these places? Circle all that apply.

| 3                                      |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| Home                                   | School                                | Work                                |
| Video games Books                      | Computers 2x2=4 Math                  | Sales Cleaning associate            |
| Sports Computers                       | Friends                               | Cooking Ticket attendant            |
| Movies/TV Pets                         | Lunch Fine arts                       | Server Recycling/ garbage collector |
| Music                                  | P.E. Schoolwork                       | Office administrator                |
|  |                                       |                                     |
| Neighborhood / Community               | Fun with friends and family           | Fun on my own                       |
|  | Fun with friends and family  Shopping | Fun on my own  Books                |
| Neighborhood / Community               | Fun with friends and family           |                                     |
| Neighborhood / Community  School  Park | Fun with friends and family  Shopping | Books                               |