

Student Name: _____

Do you have a phone? ____ Yes ____ No

Phone: _____

Do you have a personal email address? ____ Yes ____ No

Email: _____

Please answer the following questions.

1. Where do you like to go shopping? Put an X by all the places you enjoy going shopping.

____ Grocery store	____ Mall
____ Hardware store	____ Sports store
____ Pet store	____ Clothing store
____ Other: _____	

2. What is your favorite store?

3. Where do you like to eat?

4. What do you like to do for fun? Put an X by all the things you enjoy.

____ Go outside	____ Hang out with friends
____ Watch movies	____ Clean my room
____ Play with my pets	____ Read books
____ Play video games	____ Listen to music
____ Create art	____ Play music
____ Play a sport	____ Help others
____ Be with my family	____ Go on vacations
____ Other: _____	

5. What is your dream job when you are an adult?

6. What is your best subject at school?

_____ Math

_____ Reading

_____ Writing

_____ Science

_____ History

_____ Art

_____ Social Studies

_____ P.E.

_____ Other: _____

7. What are you good at?

8. What do you NOT like to do at school or at home?

9. What jobs do you have at home?

_____ Washing dishes

_____ Making bed

_____ Washing clothes

_____ Sweeping floor

_____ Taking care of pets

_____ Vacuuming carpet

_____ Washing windows

_____ Setting table

_____ Taking out trash

_____ Cooking

_____ Putting away clothes

_____ Cleaning bathroom

_____ Other: _____

10. Put an X by the jobs you like to do in the classroom.

- | | |
|---|--|
| <input type="checkbox"/> Cleaning tables | <input type="checkbox"/> Watering plants |
| <input type="checkbox"/> Sharpening pencils | <input type="checkbox"/> Line leader |
| <input type="checkbox"/> Helping teachers | <input type="checkbox"/> Helping class |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Stacking chairs |
| <input type="checkbox"/> Exercise leader | <input type="checkbox"/> Music director |
| <input type="checkbox"/> Other: _____ | |

11. Put an X by the things you like to do.

- | | |
|--|---|
| <input type="checkbox"/> Work alone | <input type="checkbox"/> Work in groups |
| <input type="checkbox"/> Work with animals | <input type="checkbox"/> Work with people |
| <input type="checkbox"/> Work with tools and things I can feel | <input type="checkbox"/> Help others |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Work outdoors |
| <input type="checkbox"/> Work inside | <input type="checkbox"/> Read books |
| <input type="checkbox"/> Play sports | <input type="checkbox"/> Build things |
| <input type="checkbox"/> Other: _____ | |

12. What do you like to spend money on?

13. Is there anything else that we need to know?