

**STUDENT ASSESSMENT**

As you are aware you have been referred to the \_\_\_\_\_ Intervention & Referral Services Team so that an action plan may be developed geared toward meeting your academic needs. Your participation in this process is of the utmost importance. Therefore, please complete the following questionnaire and return it to your classroom teacher as soon as possible.

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**How well does each of the following statements describe you? For each statement, please check the appropriate box.**

	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>
I really want to learn				
I participate regularly in class.				
I often need extra help with schoolwork.				
It's often hard to pay attention in class because I'm worrying about problems outside of school.				

	<b>Yes</b>	<b>No</b>
Have you ever skipped class or school?		
Have you ever considered dropping out of school?		

**If you answered "yes" to either of the above questions, please indicate how often have you ever skipped class or school or considered dropping out of school because of any of the below reasons otherwise skip these questions?**

	<b>Never</b>	<b>Once or twice</b>	<b>A few times a year</b>	<b>Several times a year</b>
You did not feel prepared for class.				
You were being bullied or harassed by other students				
You were not getting along with a teacher.				
You did not feel safe at school				
You did not feel safe traveling to and from school.				
School was boring.				
You had family responsibilities.				

**How often do your teachers speak with you one-on-one about the following? For each statement, please check the appropriate box.**

	<b>Never</b>	<b>Once or twice</b>	<b>A few times a year</b>	<b>Several times a year</b>
Disrupting class.				
Good academic performance.				
Not completing assignments.				
Poor academic performance.				
Interests and things that are important to you.				
Your plans for college or work after high school.				

**STUDENT ASSESSMENT (continued)**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**How much would the following steps help you to learn? For each statement, please check the appropriate box.**

	Help a lot	Help a little	Not at all
More one-on-one attention from teachers.			
More examples of how the things I learn in school matter in the real world.			
Classes that are more challenging			
If other students were more accepting of me.			

In your own words explain any problems that you might be having in school and why?

What do you consider to be your strengths?

What are some areas that you want to improve in order to be successful in school?

What is your favorite subject &amp; why?

What is your least favorite subject &amp; why?

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

*Adapted from: whatkidscando.org*