

TEMPLE CHRISTIAN SCHOOL

Learning Support Services
STUDENT QUESTIONNAIRE



Student Name_____

Grade_____

Thank you for taking the time to complete this information sheet about yourself. It will help us to know how to help you better.

1. My favorite activity at school is:

2. I am really good at:

3. I learn best when:

4. Things I like to do are:

5. I struggle the most with:

6. If I could change one thing it would be:

7. Something you should know about me is: