



STUDENT INPUT FORM

My Name _____ Grade _____

Date _____ Age _____

1. My favorite subjects: _____

2. My least favorite subjects: _____

3. School activities that are difficult for me: _____

4. Things I like to do when I am not in school: _____

5. Things teachers could do to help me learn better: _____

6. Names of my friends at school: _____



7. I have problems with these students at school: _____

8. What I do to stay active and healthy: _____

9. Healthy habits I would like to have: _____

10. Any other information I would like to share: _____
