

Response to Intervention
STUDENT QUESTIONNAIRE

Student Name	Date of Birth	Date
Grade	Teacher/House	School

Contact Information

Parent/Guardian Name	Language Spoken at home
Address	Phone Number
City/State/Zip	

My Concerns

Have you talked with anyone about your concern? Yes No
 Parent Brother/Sister Friend Teacher Counselor Other: _____

Where do you need help?

Classroom Gym Cafeteria Hallway Bus Other: _____

What things have been done to help you?

1)

2)

3)

4)

What things could be done to help you?

1)

2)

3)

All about me (Check all that apply)

<input type="checkbox"/> I have a positive attitude	<input type="checkbox"/> I am motivated to do a good job	<input type="checkbox"/> I am a good leader
<input type="checkbox"/> I am a hard worker	<input type="checkbox"/> I am organized	<input type="checkbox"/> I deal with conflict well
<input type="checkbox"/> People can trust me	<input type="checkbox"/> I have a good sense of humor	<input type="checkbox"/> I am good at sports
<input type="checkbox"/> I work well in group	<input type="checkbox"/> I am honest	<input type="checkbox"/> I am attractive
<input type="checkbox"/> I work well by myself	<input type="checkbox"/> I am responsible	<input type="checkbox"/> I am a good musician
<input type="checkbox"/> I am respectful	<input type="checkbox"/> I am creative	<input type="checkbox"/> I am a good artist
<input type="checkbox"/> I finish my work	<input type="checkbox"/> I like to finish what I start	<input type="checkbox"/> Other: _____

I have difficulty: (Check all that apply)

<input type="checkbox"/> Getting good grades	<input type="checkbox"/> Writing assignments	<input type="checkbox"/> Working by myself
<input type="checkbox"/> Finishing my work	<input type="checkbox"/> Reading	<input type="checkbox"/> Working with others
<input type="checkbox"/> Following directions	<input type="checkbox"/> Doing math	<input type="checkbox"/> Remembering things
<input type="checkbox"/> Organizing my work	<input type="checkbox"/> Studying for tests	<input type="checkbox"/> Other: _____

Behaviors I would like to stop: (Check all that apply)

<input type="checkbox"/> Physically hurting people (e.g., hitting, throwing things)	<input type="checkbox"/> Destroying property	<input type="checkbox"/> Stealing
<input type="checkbox"/> Saying mean things	<input type="checkbox"/> Being easily distracted	<input type="checkbox"/> Cheating
<input type="checkbox"/> Making threats	<input type="checkbox"/> Getting mad easily	<input type="checkbox"/> Lying
<input type="checkbox"/> Bullying others	<input type="checkbox"/> Annoying people	<input type="checkbox"/> Skipping school
		<input type="checkbox"/> Other: _____

Anything else you would like to share about yourself?