

PEACE CLASSROOM STUDENT SURVEY

Now that you know a little bit about us, please take the time to fill out this survey so we can learn more about you! Please bring this survey back with you on the first day of school. Don't forget to bring this on the first day of school!

NAME: _____ AGE: _____ GRADE: _____

DO YOU HAVE ANY SIBLINGS? IF SO, WHAT ARE THEIR NAMES AND AGES?

DO YOU HAVE ANY PETS? WHAT ARE THEIR NAMES? _____

WHAT IS SOMETHING THAT YOU DO WELL? _____

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME? _____

WHAT IS YOUR FAVORITE FOOD? _____

WHAT IS YOUR FAVORITE TV SHOW? _____

WHAT IS YOUR FAVORITE MOVIE? _____

DO YOU LIKE SPORTS? WHICH ONES? _____

WHAT IS YOUR FAVORITE ANIMAL? _____

WHAT IS YOUR FAVORITE SONG? _____

HOW DO YOU FEEL ABOUT SCHOOL? _____

WHAT IS SOMETHING YOU LIKE TO DO WITH YOUR FAMILY? _____

WHAT IS SOMETHING THAT YOU FEEL A GOOD TEACHER DOES? _____

WHAT IS SOMETHING THAT A GOOD TEACHER DOESN'T DO? _____

ANYTHING ELSE? _____