

22/23 Student IEP Survey

The respondent's email (**null**) was recorded on submission of this form.

*** Required**

1. Email *

PART 1: HOW YOU LEARN

2. Your Name: *

3. What motivates you to learn? *

4. What is your preferred learning style? (You can select more than one) *

Check all that apply.

- ☐ visual (seeing things like pictures, diagrams, and examples)
- ☐ auditory (hearing things)
- ☐ reading and writing
- ☐ kinesthetic (moving around, hands-on activities)

5. What is your favorite candy/treat? *

6. Do you have any food allergies? *

7. What types of things you do you NOT like to do in school? (Examples: speaking in front of the class, group projects, playing learning games) *

8. What types of things you do you LIKE to do in school? (Examples: group projects, working alone, playing learning games) *

9. Do you prefer doing work on paper or on your iPad? *

Mark only one oval.

- ☐ Paper
- ☐ iPad
- ☐ It doesn't matter to me

10. What accommodations do you like to have? You can select more than one. *

Check all that apply.

- ☐ Read Aloud (having things read out loud to you)
- ☐ Extended time for tests and quizzes (having more time to complete them)
- ☐ Extended time for homework (having more time to complete it)
- ☐ Calculator
- ☐ Small group
- ☐ Preferential seating (sitting somewhere where you can learn best)
- ☐ Breaks
- ☐ Testing in a separate location
- ☐ Other: _____

11. What are some things that teachers sometimes do that you DON'T like? *

12. What are some things that teachers do that you DO like? *

PART 2: YOUR FUTURE

13. Do you do any chores at home? What? *

14. What school activities are you involved in? *

15. What is your MOST favorite class? Why? *

16. What is your LEAST favorite class? Why? *

17. What do you think are your STRENGTHS in school? *

18. What do you think are your WEAKNESSES in school? *

19. What job or career are you interested in doing after you graduate? *

20. What would your 2nd choice job/career be? *

21. What jobs/careers would you like to know more about? *

22. What jobs would you NOT like? *

23. Do you want to work full-time or part-time? *

Mark only one oval.

☐ full-time

☐ part-time

24. Job-related Strengths: Check all that apply *

Check all that apply.

- ☐ Making eye contact
- ☐ accepting help
- ☐ using time wisely
- ☐ able to ask questions
- ☐ being on time
- ☐ listening carefully
- ☐ following directions
- ☐ being organized
- ☐ good school attendance

25. Do you plan on getting your driver's license? *

Mark only one oval.

- ☐ Maybe
- ☐ Yes
- ☐ No

26. How will you get to work? *

Mark only one oval.

- ☐ my own car
- ☐ family car
- ☐ parent/guardian will drive me
- ☐ car pool (ride with friends)
- ☐ public transportation (SARTA/Uber/Lyft/Taxi)
- ☐ Pay others for transportation

27. What would like to do after high school? *

Check all that apply.

- ☐ college, 4-year
- ☐ college, 2-year
- ☐ career/technical college
- ☐ competitive employment
- ☐ adult education classes
- ☐ military service
- ☐ supported employment
- ☐ day program/habilitation
- ☐ volunteer work
- ☐ Other: _____

28. Where do you want to live after graduation? *

Mark only one oval.

- ☐ my own apartment/house
- ☐ dorm
- ☐ continue to live with family
- ☐ supported living
- ☐ assisted living (group home)

29. Please check any services that you feel you need more information about. *

Check all that apply.

- ☐ Interest Inventories
- ☐ In-School Job Placement
- ☐ Community Work Experience
- ☐ Summer Jobs
- ☐ Job Shadowing
- ☐ Transportation and Drivers Education
- ☐ Consumer Sciences/ Home Economics
- ☐ Money Management Training
- ☐ Time Management
- ☐ Interviewing/Job Skills
- ☐ Speech Services
- ☐ Audiologist Services
- ☐ Accommodations and Technology
- ☐ Study Skills Courses
- ☐ Anger Management
- ☐ Goal Setting
- ☐ Career/ Tech Education
- ☐ Vocational Rehabilitation
- ☐ College Entrance Exams
- ☐ (SAT, ACT)
- ☐ Guidance Counseling
- ☐ Assistance completing applications
- ☐ Training in handling emergencies
- ☐ First Aid training
- ☐ Self –Advocacy training
- ☐ Community Awareness Activities
- ☐ Managing my health care
- ☐ Insurance and benefits
- ☐ Recreational Activities
- ☐ Other: _____

30. What do you do for fun? What type of hobbies do you have? *

Check all that apply.

- ☐ Arts and crafts
- ☐ Collections
- ☐ Music
- ☐ Video games
- ☐ Computer
- ☐ Bicycling
- ☐ Fishing/hunting
- ☐ Sports
- ☐ Watching TV
- ☐ Shopping
- ☐ Skating
- ☐ Cooking
- ☐ Reading
- ☐ Restaurants
- ☐ Going out with friends
- ☐ Bowling
- ☐ Swimming
- ☐ Other: _____

31. How can we help you be successful after graduation? *

PART 3: READING INTEREST SURVEY

32. Do you like to read for fun? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Sometimes

33. Do you like having things read out loud to you? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Sometimes

34. Does it HELP you to have things read out loud to you? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Sometimes

35. If you had to pick something to read, what kinds of things do you like to read? *
(Select all that apply)

Check all that apply.

- ☐ Short stories
- ☐ Nonfiction (true stories/books)
- ☐ Fiction (stories/books that aren't based on real events/people)
- ☐ Comic books/graphic novels
- ☐ Magazines
- ☐ Online articles
- ☐ Other: _____

36. What genres/topics do you like to read? (Select all that apply) *

Check all that apply.

- ☐ Science fiction
- ☐ Fantasy
- ☐ Romance
- ☐ Comedy
- ☐ Superheroes
- ☐ Historical
- ☐ Mystery
- ☐ Horror
- ☐ Poetry
- ☐ True crime
- ☐ Fairytales
- ☐ Other: _____

37. What is a goal that you have for this school year? *

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