

## Pre-Intervention Survey

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle the face that shows best how you feel about coming to school and learning**



Directions: Rate yourself on **how often** you do the following items below:

Questions			
Follow directions	Rarely	Sometimes	Often
Set goals for myself	Rarely	Sometimes	Often
Manage my time	Rarely	Sometimes	Often
Stay organized	Rarely	Sometimes	Often
Give up when I don't understand something	Rarely	Sometimes	Often
Complete classwork on time	Rarely	Sometimes	Often
Complete homework on time	Rarely	Sometimes	Often
Have what I need to do my homework (quiet space, computer, books, paper, pencils)	Rarely	Sometimes	Often
Have somebody at home that can help me with my homework	Rarely	Sometimes	Often

What is something in school that is hard for you in school?

Staying organized with all of my stuff

What is something you would like to improve in at school?

Turning in more homework

Please share if there are any other concerns either in school or outside of school that you think may be impacting your schoolwork?

Sometimes I just get distracted and can't focus on what I'm supposed to be doing. But it's also hard for me to keep things together and I lose a lot of stuff.