



Student Interest Survey

NAME: _____ DATE: _____

Birthday: _____ Age: _____

Favorite Hobbies outside of School: _____

I feel happiest when: _____

Favorites

Types of Books: _____

Taking Tests make me: _____

Reading makes me: _____

Math makes me: _____

Reading makes me: _____

My Goals for this school year: _____

What I will miss about last school year: _____

One thing I will do better than I did last school year: _____

My favorite subject is: _____

The subject is like the least: _____

I learn best when: _____