

St. Clair Regional Office of Education  
STUDENT QUESTIONNAIRE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Why is it difficult to come to school?

- |   |  |
|---|--|
| <input type="checkbox"/> Sick/health problems                           | <input type="checkbox"/> Trouble writing                                     |
| <input type="checkbox"/> Stay up too late                               | <input type="checkbox"/> I can't read very well                              |
| <input type="checkbox"/> No clothes to wear                             | <input type="checkbox"/> I can't see very well                               |
| <input type="checkbox"/> I'm depressed                                  | <input type="checkbox"/> Some subjects are challenging (math, reading, etc.) |
| <input type="checkbox"/> Pregnant                                       | <input type="checkbox"/> My weight bothers me                                |
| <input type="checkbox"/> Problems at home                               | <input type="checkbox"/> Gang pressure                                       |
| <input type="checkbox"/> Parents do not care if I come to school        | <input type="checkbox"/> Drug abuse  |
| <input type="checkbox"/> My parent(s) are sick and need my help at home | <input type="checkbox"/> Peer Pressure                                       |
| <input type="checkbox"/> I have to watch my sister/brother              | <input type="checkbox"/> Someone is bullying me                              |
| <input type="checkbox"/> Shy  | <input type="checkbox"/> Other   |
| <input type="checkbox"/> School is boring                               |  |

Write any questions or concerns below that you might have.

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