

RSEC Academy Student Questionnaire

To learn more about you as an individual, we would like you to take some time and thought to answer the following questions by yourself and in your own handwriting.

Name _____

Date _____

What do you like to study in school?

What do you NOT like to do at school?

What do you think your learning disability is?

What do you like to do for fun?

What new things would you like to do at THE RSEC ACADEMY?

Have you been a member of a club or a school team? Which ones?

Have you ever had a job? What did you do?
