name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Survey for IEPs**

What do you like to do at school?

What do you like to do at home?

favorite book(s)

favorite sport(s)

What do you want to do when you grow up?

Other cool stuff