Student Survey

Employment Related Questions

Celina City Schools

1. Student Name:
2. Who do you live with?
3. What do your parents/guardians do?

4. Do you have older brothers/sisters? [ ]  Yes [ ] No

 If yes, how old are they and what do they do?

5. Did they finish high school? [ ] Yes [ ] Yes and No [ ] No

6. Do you know of any relatives or persons that have what you consider to be a neat job? [ ] Yes [ ] No

 If yes, describe the job and who the person is:

7. What are your strengths:

 [ ] Creative [ ] Curious [ ] Funny

 [ ] Brave [ ] Open-Minded [ ] Persistent

 [ ] Fair [ ] Good Leader [ ] Family-Oriented

 [ ] Nice [ ] Good Worker [ ] Patient

 [ ] Organized [ ] Happy [ ] Friendly

 [ ] Good Reader [ ] Good at Math [ ] Good at Science

 [ ] Good at History [ ] Trustworthy [ ] Tolerant

 [ ] Optimistic [ ] Caring [ ] Flexible

 [ ] Independent [ ] Dedicated [ ] Other:

8. What are your weaknesses?

 [ ] Fearful [ ] Undisciplined [ ] Sloppy

 [ ] Impulsive [ ] Inflexible [ ] Procrastinate

 [ ] Stubborn [ ] Impatient [ ] Shy

 [ ] Passive [ ] Greedy [ ] Disorganized

 [ ] Moody [ ] Intolerant [ ] Other:

9. What is your favorite class and why?

 [ ] English [ ] Computer [ ] History

 [ ] Science Class [ ] Geometry [ ] Amerian Govt.

 [ ] Algebra [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What is your least favorite class and why?

 [ ] English [ ] Computer [ ] History

 [ ] Science Class [ ] Geometry [ ] Amerian Govt.

 [ ] Algebra [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What classes would you like to take?

12. What are two (2) areas you would like to improve upon this year in school?

13. Do you plan to finish high school? [ ] Yes [ ] No

14. What do you plan to do after high school?

15. Where do you plan to live after high school?

16. Do you have a driver’s license? [ ] Yes [ ] No

 If no, do you plan on getting them? [ ] Yes [ ] No

17. Do you have access to reliable transportation? [ ] Yes [ ] No

18. About how many days of school did you miss this year? Why?

19. Do you belong to any school, church, or community groups?

 [ ] Yes [ ] No

 If yes, describe them:

20. Do you ever cook your own meals? [ ] Yes [ ] No

21. Do you set your own alarm in the morning for school?

 [ ] Yes [ ] No

22. What are your hobbies or special interest?

23. What do you like to do on the weekends?