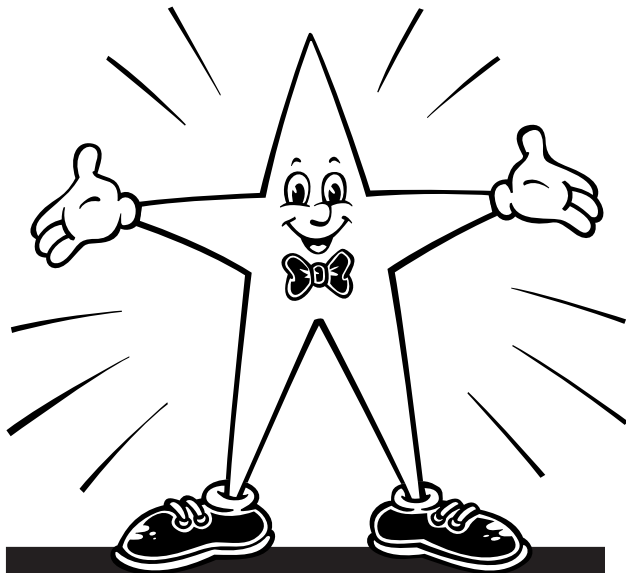




My Teachers' Names	Year _____	Grade _____
_____	_____	
_____	_____	
_____	_____	
_____	_____	



# Preferences & Strengths

**Special Topics That I Like:**

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Subject Areas	My Five Choices	My Five Strengths
Reading		
Writing		
Spelling		
Mathematics		
Social Studies		
Science		
Art		
Music		
PE		
Other:		

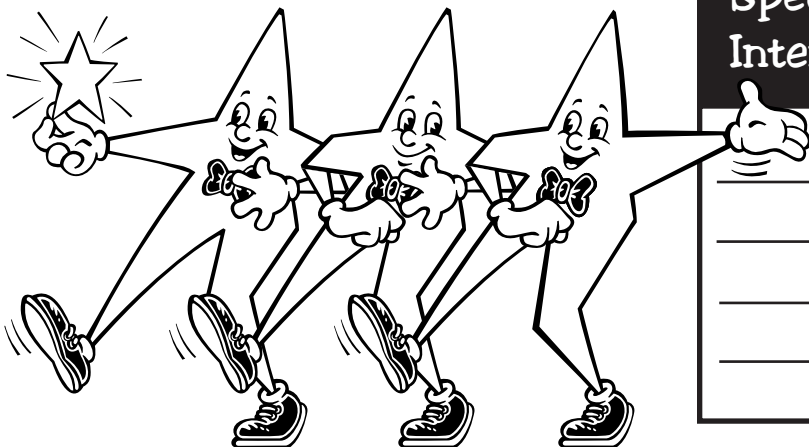
Showing What I've Learned	My Five Choices	My Five Strengths
Reports, Stories		
Talking		
Projects		
Art Work		
Pictures/Charts		
Displays		
Acting		
Helping Others		
Media		
Other:		

Note: Students can complete this form in one color pen or pencil. Subsequently, teachers and/or parents may wish to complete the document with a different color to highlight similarities and differences between the student's and adult's perceptions about student strengths.

Ways To Learn	I Like This	I Am Good At This
Talking With Others		
Listening to a Speaker		
Reading		
Watching/Viewing		
Games		
Computers		
Reliving/Pretending		
Centers		
Making/Doing/Moving Activities		
Working Alone		
Working With a Partner		
Working in a Group		
Working With an Adult		
Choices and Options		
Detailed Directions		

## General Interests

Performing Arts	
Creative Writing & Journalism	
Mathematics	
Business/Management	
Athletics	
History	
Social Action	
Fine Arts & Crafts	
Science	
Technology	
Other	



## Specific Interests

_____
_____
_____
_____

Activities, Clubs, and  
Lessons I Do Outside of  
School:

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Family Activities, Special  
Experiences, and Projects  
I Do at Home:

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My Talents Are:

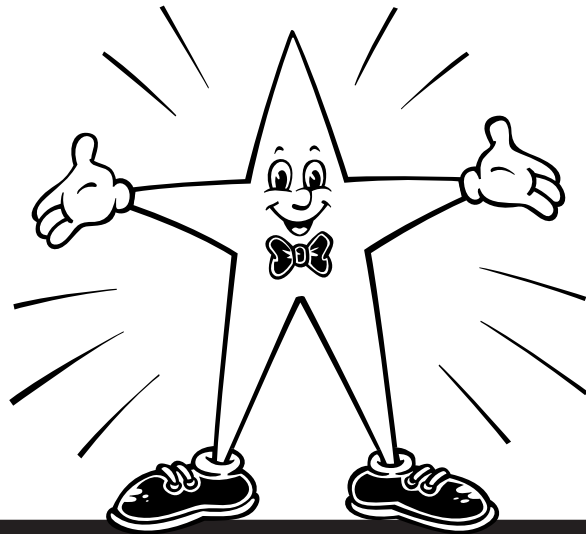
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This Year, I Would Like to:

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