



P O Box 290906, Milton, MA 02186 617-282-9055

STUDENT FALL SURVEY 2022-2023		CLASS TEACHER:	
SCHOOL NAME:			
YOUR NAME:		DATE:	
DATE OF BIRTH:			
ABOUT YOU			
What is a hero?			

Who is your hero(s)?			
Do you know what you want to be when you grow up?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what would it be and why?			
What do you think you need to do to get there?			
Do you plan to go to college?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you do chores in your house?			
Do you read a favorite book each week?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many nights per week do you read? _____			
Do you help in your community or on your own?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you help in your school? If yes, what do you do?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

