

Math Friend Questionnaire

When meeting with your student for the first time, please complete the following questionnaire together to get to know one another better.

1. My name is _____.
2. I prefer to be called _____.
3. I am _____ years old. My birthday is _____.
4. I have _____ sisters and _____ brothers. Their names and ages are:

Things I Like and Don't Like

For each thing, put a ✓ under the face that shows how you feel about it.



I like it!



It's O.K.



I dislike it.



I don't know

- | | I like it! | It's O.K. | I dislike it. | I don't know |
|-----------------|------------|-----------|---------------|--------------|
| 1. Being sick | _____ | _____ | _____ | _____ |
| 2. Eating pizza | _____ | _____ | _____ | _____ |
| 3. Reading | _____ | _____ | _____ | _____ |
| 4. Sports | _____ | _____ | _____ | _____ |
| 5. Coloring | _____ | _____ | _____ | _____ |
| 6. School | _____ | _____ | _____ | _____ |
| 7. Shopping | _____ | _____ | _____ | _____ |
| 8. Counting | _____ | _____ | _____ | _____ |
| 9. Running | _____ | _____ | _____ | _____ |
| 10. Numbers | _____ | _____ | _____ | _____ |
| 11. Music | _____ | _____ | _____ | _____ |
| 12. Card games | _____ | _____ | _____ | _____ |
| 13. Math | _____ | _____ | _____ | _____ |
| 14. Having help | _____ | _____ | _____ | _____ |