STUDENT QUESTIONNAIRE FORM

NAME: _____ AGE: _____

DATE OF BIRTH: _____ SCHOOL: _____

"Why is it difficult for you to attend school regularly?"

□Sick/health problems

□Stay up too late

□No clothes to wear

□I'm depressed

□Pregnant

□Problems at home

□Parents do not care if I come to school

□My parent(s) are sick and need my help at home

□I have to watch my sister/brother

□Shy

□School is boring

□Trouble writing

□I can't read very well

□I can't see very well

□Some subjects are challenging (math, reading, etc.)

□My weight bothers me

□Gang pressure

□Drug abuse

□Peer Pressure

□Bullying

□Social Media/Cyberbullying

□Other

PLEASE WRITE ANY QUESTIONS OR OTHER CONCERNS THAT YOU HAVE ABOUT SCHOOL OR HOME IN THIS BOX:

REVISED: August 2026