

Elementary School Student Inventory for Rate of Learning

Student Name: _____ Grade: _____ Date: _____

Please check how hard these subjects are for you.
Then answer what you would like the class to be like.

Subject	Very Easy	Easy	About Right	Hard	Very Hard	Would you like more of a challenge	Do you like it how it is?	Would you like it to move faster?
Reading								
Math								
Writing								
English/ Spelling								
Social Studies								
Science								
Art								
Music								
Physical Education								

1. What things do you enjoy the most about school?

2. What things do you dislike about school?

3. What things are you interested in learning more about (in or out of school)?
4. How do you spend your free time in class? Would you like to change that?
5. How do you prefer to work? (Alone or with others; for short or long periods; and where?)
6. Describe any collections, hobbies or artistic activities (writing, music, drawing, painting, speaking, dance, drama, etc.) that interest you.
7. What things can you do very well?