**ASPIRE STUDENT PRE-SURVEY**

Top of Form

#### 1. FIRST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### 2. LAST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 3. HOME SCHOOL DISTRICT: Chatham OR Effingham

**4. HOME SCHOOL: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade : \_\_\_\_\_\_\_\_\_\_\_\_**

 **5. I know why individual members are in the IEP meeting and how they help me.**

Yes

No

**\*6. I can name a goal(s) that I am working on from my IEP.**

Yes

No

**\*7. I can name at least one new strength and one new challenge as it relates to my disability.**

Yes

No

**\*8. I can identify accommodation(s) and support(s) listed in my IEP and how they help me.**

Yes

No

**\*9. I communicate my likes, dislikes, and interests to the IEP team.**

Yes

No

**\*10. I can name my career pathway and at least one course related to it.**

Yes

No