
Name

How are you doing?

I feel like I belong here.

No _____ | _____ Yes

I feel like students in my class know me.

No _____ | _____ Yes

I like the students in this class.

No _____ | _____ Yes

Students in this class like me.

No _____ | _____ Yes

What I like most...

What I like least...

I need help with...

Quarter: 1 2 3 4 Date: ___/___/___