

Student Questionnaire

This questionnaire is about you. I'd like you to fill it out so I can be a better teacher for you and this class. There are no right or wrong answers. The most important thing is for you to think honestly about the questions. You may remain anonymous if you wish, and you may choose to skip some of the questions. But I hope you'll try answering them all—you'll get more out of the questionnaire if you do. All answers will be kept strictly confidential, although we'll talk about some of the questions later on as a group.

A. Basic Information

Your age:

Your gender (*check one*): M F

The number of years you've spent in a gifted class or program (*check one*):

0 1 2 3 4 5 6 more

B. Questions You May Already Be Asking Yourself

1. What does "gifted" mean to you?

2. How do you feel about the "gifted" label?



Student Questionnaire, continued

3. How were you selected for this class or program?

4. How do you feel about the selection process?

5. What do you think the purpose of this class/program is? *(Check all that apply. Add your own ideas, if you want.)*

I don't know

Harder work than other classes

More work than other classes

More challenging or interesting work

Friendships with people like me

Place where I'm not considered weird

Place to have fun

Be stimulated to try new things

Learn something new

Nothing different from other classes

C. Feelings About Yourself

6. In what ways are you the same as most other kids your age? What things do you have in common?



Student Questionnaire, continued

7. In what ways are you different from most other kids your age? What makes you unique?

8. In terms of your popularity ... (*check one*):

I have tons of close friends and am liked by almost everybody.

I have a lot of close friends.

I have several (four or five) close friends.

I have one or two close friends.

I have no close friends.

9. In terms of how you feel about yourself ... (*check one*):

I don't like myself much.

I like parts of myself but dislike other parts.

I feel okay about myself.

Most of the time, I like myself a lot.

I've always liked myself a lot.

10. If you could change one thing about yourself, it would be:



Student Questionnaire, continued

11. The best thing about you, as far as you're concerned, is:

D. Conflicts

12. How often do you experience the following feelings, concerns, or problems?
For each, check 1 (not at all), 2 (hardly ever), 3 (sometimes), 4 (a lot), or 5 (all the time).

Feeling or Problem

How Frequently Felt

I miss out on activities other kids get to do while I'm in my gifted and talented class.

1 2 3 4 5

I have to do extra work in school.

1 2 3 4 5

Other kids ask me for too much help.

1 2 3 4 5

The stuff I do in school is too easy and it's boring.

1 2 3 4 5

When I finish my schoolwork early, I often am not allowed to work ahead.

1 2 3 4 5

My friends and classmates don't always understand me, and they don't see all of my different sides.

1 2 3 4 5

Parents, teachers, and even my friends expect too much of me. I'm supposed to get A's and do my best all the time.

1 2 3 4 5

Tests, tests, and more tests!

1 2 3 4 5



Student Questionnaire, continued

13. What's your biggest challenge or difficulty in life right now?

14. Generally, how do you feel about your life? (*Make a check somewhere along this continuum.*)

Feel really great,
confident, happy

Feel extremely bad,
upset, worried; think
about dying

E. Support Systems

15. Who do you share your feelings or problems with when you're wondering what life is about, or who you are? Who do you go to—or like to be around—when things aren't so great? (*Check all that apply.*)

Friend

School counselor

Mother

Camp counselor

Father

Psychologist or doctor

Sister

Official Big Brother or Sister

Brother

Other adult (*example: neighbor*)

Other relative

Teacher

Pet (dog, cat)

I prefer just being alone

Coach

I don't think about that kind of stuff

Clergy (minister, rabbi, priest, spiritual leader, etc.)



Student Questionnaire, continued

16. What do you do to feel good about yourself? (*Check all that apply. Add your own ideas, if you want.*)

- Think or study harder
- Get some exercise (get on my bike, go for a run, head for the gym, dance, etc.)
- Call or text a friend
- Communicate with a friend online (via social media, a chat room, email, instant messaging)
- Write in a journal
- Paint or do other artwork or crafts
- Play a musical instrument
- Work on a project (club, play, newspaper, etc.)
- Play harder in sports
- Earn money
- Go somewhere (mall, park, a friend's house, place of worship, etc.)
- Watch TV
- Talk to my parent(s)
- Talk to my teacher
- Volunteer
- Listen to music
- Go to a party
- Cook or eat
- Use relaxation techniques (yoga, meditation, deep breathing, etc.)
- Surf the Web
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Student Questionnaire, continued

17. If you could get this class or program to do or provide one thing for you, what would it be?

Your name (optional): _____