

**Coast Middle School Beginning of Year Survey For  
Students**

Your Name \_\_\_\_\_  
Date: \_\_\_\_\_

Email: \_\_\_\_\_.

1. What is your greatest strength?

As a person \_\_\_\_\_

\_\_\_\_\_

In academics \_\_\_\_\_

\_\_\_\_\_

2. What is something about yourself you would like to  
strengthen?

As a person \_\_\_\_\_

\_\_\_\_\_

In academics \_\_\_\_\_

\_\_\_\_\_

3. On a scale of one to ten, with ten being the highest  
percentage, please rate these questions.

▪ How much academic project work do you want in the Core class?

1 2 3 4 5 6 7 8 9 10

▪ How much social-emotional group activities do you want in the  
class? 1 2 3 4 5 6 7 8 9 10

▪ How would you rate your current skills as a co-leader in  
activities? 1 2 3 4 5 6 7 8 9 10

4. PLEASE CIRCLE the TWO TOP THEMES you are interested in for  
the Core class.

Tolerance            Making a Difference  
Democracy/Civics

