

Date \_\_\_\_\_

## Student Entry Survey Nurse Case Management

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Grade: \_\_\_\_\_

1. If you had a million dollars, what would you do with it and why? \_\_\_\_\_

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2. What is your favorite color? \_\_\_\_\_

3. What is your favorite food and who makes it for you? \_\_\_\_\_

4. What is your favorite subject in school and why? \_\_\_\_\_

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5. Tell me about where you live. Do you have your own room? \_\_\_\_\_

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6. What is your favorite type of ice cream? \_\_\_\_\_

7. Do you participate in any after-school activities and what are they? \_\_\_\_\_

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8. Name a friend or friends you usually spend the most time with \_\_\_\_\_

9. Do you consider yourself to be organized and why? \_\_\_\_\_

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10. What are your favorite things to do in your spare time? \_\_\_\_\_

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11. What do you look forward to most during the year? \_\_\_\_\_

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12. Tell me what you like most about yourself and what you would change? \_\_\_\_\_

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