



## End-of-Year Student Survey

**I felt that you helped me to do my best this year.**

Almost always    Most of the time    Sometimes    Never

**I felt supported and like I could take risks in my learning this year.**

Almost always    Most of the time    Sometimes    Never

**I enjoyed school this year.**

Almost always    Most of the time    Sometimes    Never

**What's one piece of advice you would share with a student who will be in this class next year?**

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**What's one thing you would have liked to change about this class?**

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**What was your favorite thing about this class?**

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**What was your favorite activity, lesson, or project? What was your least favorite?**

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**What else do you want me to know?**

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