

Student Interest Inventory  Name:	
Today's Date: Birth Date:	
Brothers and Sisters:	
Name:	Age:
Special friends:	
What I like to do most at home:	
These are my favorite hobbies:	
These are my favorites:	
Book:TV show:	
Movie: Food:	
Singer:Song:	
If I had one wish, it would be:	
School would be better if:	
If I had a million dollars, I would:	
This is what my teacher did last year that I liked the most:	
This is what my teacher did last year that I liked the least:	