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

*Instructions: Listen to the teacher or counselor as she or he reads each question to you. Circle the face that shows how you would answer the question.*

1. I like coming to this school. ** ** **
2. I am happy with my work. ** ** **
3. I like my teacher. ** ** **
4. I have many friends. ** ** **
5. I like riding the bus to school. ** ** **
6. I am happy in my family. ** ** **
7. I like to look at or read books. ** ** **
8. I like showing my parents my schoolwork. ** ** **
9. My friends like me. ** ** **
10. I am happy when I go home from school. ** ** **