

Questionnaire for Circle of Friends Participants
Use for Mentors and Special Needs Students

What do you like to do at home (hobbies, sports, games etc)??

What is your favorite class at school?

What is your favorite food or meal or restaurant?

What is your favorite sports team or player? Why?

What is a favorite television show or movie?

What kind of job would you like to have someday?

How many brothers/sisters do you have? List the members of your family.