

Student Information Sheet

Name: _____ Preferred Nickname: _____

☼ Favorite subjects: (you can circle more than one)

Science	Math	English	History	Language
Business	Art	Music	Gym	Other: _____

☼ Do you prefer to sit in a specific spot in the classroom? _____ If yes, where _____

☼ Are there any specific people you **don't** want to sit near? _____

☼ How do you learn best? (circle all that apply)

Hands-on activities Visually (seeing information) Auditory (hearing information)

☼ I learn best when I work: independently (alone) as a team member

☼ Do you have difficulty reading textbooks? Yes No

☼ Do you have difficulty understanding what you read? Yes No

☼ Do you have difficulty solving math problems? Yes No

☼ Do you have difficulty summarizing information? Yes No

☼ Do you have difficulty researching information on the computer? Yes No

☼ I like it when teachers...

☼ I don't like it when teachers...

☼ How many times have you moved in your lifetime? _____

☼ What is your background/ethnicity? _____

☼ What is your favorite food? _____

☼ What is your favorite musician? _____

☼ What holidays do you celebrate? _____

☼ Do you have any siblings? _____ Pets? _____

☼ Do you speak any other languages? _____

☼ What is your dream job? _____

☼ Is there anything else you want me to know about you? (This form is confidential and no one sees it except for me!) What are you looking forward to most in this class?

