

## Student Information Survey

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

Birth date: \_\_\_\_\_

Allergies? \_\_\_\_\_

Contact lenses? Y / N

Do you have access to the internet? Y / N

### Parents or Guardians

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Would your parents prefer to communicate by Email? Y / N

If yes, address: \_\_\_\_\_ (parent verification will be obtained)

### Timetable

Period	Course	Teacher
1		
2		
3		
4		
TAP		

### Approximate grades last year

Subject	Grade	Subject	Grade
English		Social Science	
Math		other: _____	
Science		other: _____	

What grade do you hope to achieve in this course? \_\_\_\_\_

## **Personal Information**

- 1) What are some of your hobbies and interests?
  
- 2) Do you have a job? \_\_\_\_\_ If so, how many hours do you work each week? \_\_\_\_\_
- 3) Do you use a computer at home or at school? \_\_\_\_\_
- 4) What do you see yourself doing after you are done with school?
  
- 5) What is your favorite subject and what about it do you like?
  
- 6) What is your least favorite subject and why do you not enjoy it?
  
- 7) How do you think your previous teachers would describe you as a student?
  
- 8) What teaching methods work well for you?  
(e.g.: lecturing, work sheets, videos, labs, class discussions, group projects...)
  
- 9) What teaching methods do not work well for you?
  
- 10) Specifically, what about previous teachers have you liked or disliked? (no names please)
  
- 11) What about science do you like or dislike?
  
- 12) Why is it important to learn about science?