

Who Are You?

A Questionnaire for Students on the First Day of School

Note: I will not share your answers with anyone without your permission.

BASIC INFORMATION

Name: _____

Name you like to be called: _____

Date of birth: _____ Place of birth _____

Email address: _____

Phone number: _____

Parents' or guardian's names: _____

Any siblings? What ages? Do they live with you? _____

Others who live in your household? _____

Where were you born? _____

What language do you speak at home? _____

Are you new to this school? Where were you before? _____

ABOUT YOUR ACTIVITIES AND INTERESTS

What time do you usually get up in the morning? _____

How do you get to school? _____ How long does it take? _____

What do you do after school? _____

When do you usually go to bed at night? _____

What are your other interests? _____

What do you imagine yourself doing ten years from now? _____

ABOUT THE WAY YOU LEARN

Do you like this subject? Why or why not? _____

What would you really like to learn about in this class?

How much homework do you expect? _____

What's fair for me to expect from you? _____

Describe the way you learn things best.

How do you feel about working in groups? _____

Is there anything that could make this class especially hard for you?

Can you think of a way I could help you with this? _____

Is there anything else about you that you would like me to know?
