

Name: _____

Date: _____

Student Information Sheet

1. What is your Birthday?

2. What is your Dream Job? Where do you want to be in 15 years?

3. Are you involved in any School Clubs or Sports? What are your Hobbies?

4. What is your Favorite Subject/ Class in school?

5. What is one random thing that you are better than everyone else at?

6. What is something that you absolutely LOVE that everyone else hates? OR what is something you HATE that everyone else loves?

7. Do you have any struggles with hearing or vision? Do you need to sit in the front of the room to be successful?

8. What motivates you?

9. Is there anything I still need to know about you to help you succeed this year in my class?

10. What was your favorite memory from the past year?
