

**Delta Program
Student Survey**

Name: _____

Date of Birth: _____

Age: _____

Past School: _____

Favourite subject in school: _____

Best subject in school: _____

Worst subject in school: _____

Where do you live? _____

How do you get to school? _____

On average, how long is your commute? _____

Is English your mother tongue? _____ **If not, which language is?** _____

Do you have a job? Yes / No

If yes, what is your job? _____ **How many hours do you work per week?** _____

Do you have siblings? _____

Why did you enroll in Delta? _____

What are your goals for this program? _____

What hurdles stand in the way of your success? _____

What average grade are you aiming to receive in this program? _____ %

Do you prefer working individually? In a group? As a class? Explain your answer.

Choose three adjectives that best describe your character. (e.g. honest, kind, confident, shy, hardworking, ambitious, reliable, intelligent, witty, disciplined, introspective, creative, outgoing etc.)

What do you do for fun?

What makes a good/ bad teacher?

By signing this form, both student and teacher are committing to a collective effort towards reaching the individual goals set for the student within the Delta Program.

Student Signature: _____

Teacher Signature: _____

Contact Information

Student Cell Phone Number: _____

Student Email Address: _____

Parent/ Guardian Name: _____ **Phone Number:** _____

Parent/ Guardian Name: _____ **Phone Number:** _____

