

Student Questionnaire

Name:		
Class Period:	Grade:	Email:
Parents'/Guardians' Names:		
Parents' E-mail:		
Home Phone #:	Parents' Cell Phone #:	Parents' Work Phone #:
If you have brothers or sisters, what are their names and what grades are they in?		
Do you have any food allergies or medical conditions? If so, please list:		
What do you have access to at home? Check all that apply: <input type="checkbox"/> Wireless Internet <input type="checkbox"/> Internet <input type="checkbox"/> Printer		
Do you have a smart phone? If so, what kind?		
Do you have a tablet? If so, what kind?		
Will you be taking your computer home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasionally		
What is your favorite subject? Why?		
Are you a "good student?" Why or why not?		
How do you feel you learn best? (lecture, hands on, visually, etc.)		
What are your expectations of a teacher?		

In your opinion, what are the three most important qualities of a great teacher:
Why are you taking French?
Have you been exposed to French before?
What would you like to learn in this class?
Have you ever traveled out of the country? If so, where?
If you could travel anywhere, where would it be?
Do you have a job? If so, what?
What do you enjoy doing in your free time outside of school?
What sports or activities (in or out of school) are you involved in, if any?
Tell me 3 interesting things about yourself. 1) 2) 3)
What do you want to do after high school? (college, job, etc.)
If you could be anything in the future, what would it be?
Who are two of your closest friends in this class?