

Student Information Sheet

General

Class Period _____ Name _____ Nickname _____

Email _____ Cell Number _____

Do you work an after school job? _____ If yes, how many hours/days per week? _____ Days or Nights

An interesting fact about you! _____

Home Life

Live with (*circle appropriate answer*) Mother(s) Father(s) Both Other _____

Parent/Guardian _____ What is their work schedule? – Days or Nights or NA

Email _____ Cell Number _____

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Language(s) Spoken at Home _____ Do you have siblings (brothers, sisters) _____ Older or Younger?

Do you have extended family (grandparents, cousins, etc. who live with you at home? _____

Do you have a computer at home? _____ Do you have access at home to the internet? _____

Other Questions

Are you new to Reagan? _____ If so, what was your previous school? _____

On-campus clubs and organizations that you are involved in or would like to be _____

When you graduate from Reagan high school, what are your plans? (Career, college, military, etc.)

What are your learning preference(s)? You may choose more than one option:

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Drawings | <input type="checkbox"/> Labs | <input type="checkbox"/> One-on-One
Tutoring | <input type="checkbox"/> Teacher Lecture |
| <input type="checkbox"/> Flashcards | <input type="checkbox"/> Learning with
Music | <input type="checkbox"/> Projects | <input type="checkbox"/> Using the
Computer |
| <input type="checkbox"/> Games | <input type="checkbox"/> Notes | <input type="checkbox"/> Review Sheets | |
| <input type="checkbox"/> Group Work | | | |

What was the last math course you took? _____ Circle Your Avg Grade A B C D F

What was the last science course you took? _____ Circle Your Avg Grade A B C D F

Thing(s) a previous teacher has done that HELPED you to learn: Why?

Thing(s) a previous teacher has done that DID NOT help you to learn: Why?

