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?

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________