



STUDENT INTEREST SURVEY

Name: _____ Grade: _____ Birthdate: _____

* Address: _____ * Home/Emergency Phone: _____

Name of Parent or Guardian : _____ Mother Father Other

Student Email address: _____

House: _____ Counselor: _____

Your schedule this semester:

	Room	Course	Teacher
Period 1	_____	_____	_____
Period 2	_____	_____	_____
Period 3	_____	_____	_____
Period 4	_____	_____	_____
Lunch	_____	_____	_____

Something about YOU:

Favorite color _____ Favorite food _____ Favorite subject _____

Favorite music/musical artist _____ Favorite sport _____

Favorite TV program/movie _____

To what organizations / teams / clubs do you belong? _____

What are you really good at? What comes easily or naturally to you? _____

What three words do you think best describe you? _____

What would your best friend(s) say is your most likable quality? _____

What is a recent movie you enjoyed, and what did you like about it? _____

What is your favorite place to be and why? _____

Name someone you admire and tell why. _____

What is the farthest point you've traveled away from home? _____

If you could go back two years ago, what advice would you give yourself? _____

When you have extra spending money, what do you usually spend it on? _____

If you had a day, week, or year to go anywhere you wanted and do anything you liked, where would you go and what would you do? _____

Your Course Expectations:

When you hear this course, what's the first thing that comes to your mind? _____

What information or topics do you think will be covered in this course? _____

Have you had any other courses or learning experiences in this subject area? _____

Do you have any course expectations or goals? Anything that you hope will be covered or discussed in this class?

Right now, how do you feel about taking this course—positive, negative, neutral? (Why?)

Is there anything else about yourself, which I haven't asked, but you'd like me to know?
