

First Day Form: Please fill out as neatly as possible, thank you!

**CUT, STAPLE PHOTO HERE**

- 1) Class Period: \_\_\_ 2) Full Name: \_\_\_\_\_ 3) Birthday (month and day): \_\_\_\_\_  
4) If name is often mispronounced, pronunciations tips: \_\_\_\_\_ 5) E-Mail: \_\_\_\_\_  
5) Approx. GPA from last year: \_\_\_ 6) Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
7) Do you have a laptop? Yes No 8) Internet at home (circle one): No Internet High Speed Low Speed  
9) Circle the following you have (circle all that apply): Webcam Video Camera Digital Camera Audio Recorder  
10) Circle the following software you have at home (circle all that apply): Video Editing Photo Editing Audio Editing  
11) What is your after school schedule like AND on which days? (Example: job, volunteering, club, babysitting; Mon, Tu)

- 12) If doing a team project outside of class, convenient times to meet with your team include (circle all that apply):  
Lunch Weekdays 3-5pm, Weekdays After 5pm, Saturdays Sundays

- 13) What kind of class activities are the MOST effective in helping you learn?

- 14) What kind of class activities are the LEAST effective in helping you learn?

- 15) Most meaningful learning experience you had last year: \_\_\_\_\_

- 16) What is the main thing you would like to learn about in this class? \_\_\_\_\_

- 17) Rate how each affects your motivation: 1-10 (10 highest): Given power: \_\_\_ Feedback/Praise: \_\_\_ Grades/EC: \_\_\_

- 18) What academic skill would you like to improve? \_\_\_\_\_

- 19) What is one goal you want to accomplish during this school year? (Can be big or small)

- 20) Please list some careers you are considering: \_\_\_\_\_

- 21) Please list some places of career training/college that you are considering: \_\_\_\_\_

- 22) Favorite TV Shows and Movies: \_\_\_\_\_

- 23) Do you listen to music when you study? Yes No 24) Favorite Music: \_\_\_\_\_

- 25) Favorite Hobbies/Activities: \_\_\_\_\_

- 26) Your parent/guardians' names and jobs: \_\_\_\_\_

- 27) Rate yourself 1-10 (10 highest): Speaking skills: \_\_\_ Writing skills: \_\_\_ Artistic skills: \_\_\_ Organization skills: \_\_\_

- 28) Rate yourself 1-10 (10 highest): Ability to lead: \_\_\_ Ability to feel how others feel: \_\_\_ Ability to cheer up others: \_\_\_

- 29) What are your classes AND rooms? Period 0: \_\_\_\_\_ Period 1: \_\_\_\_\_ Period 2: \_\_\_\_\_ Period  
3: \_\_\_\_\_ Period 4: \_\_\_\_\_ Period 5: \_\_\_\_\_ Period 6: \_\_\_\_\_ Period 7: \_\_\_\_\_

- 30) To help me meet your needs and to just get to know who you are, is there anything you would like me to know?

(Examples: illnesses, eye sight, attention, school hardships, outside school duties, goals, common misjudgments past teachers had of you, etc):