Astronomy / Biology   2016-17

NAME (as it appears on your schedule) _____

Advisory # _____   Advisory Room _____   Advisory Teacher _____

1. Is there a name that you prefer to be called?

2. Is there a certain area of the room that you prefer to sit in?   If so, explain where and why.

3. What do you like to do for fun outside of class? Are you part of any outside groups or teams (theater, soccer, etc)? What are you passionate about?

4. Are you working this year? If so, how many hours per week? Weeknights? Weekends?

5. Are you taking any AP classes? If so, list them.

6. Is there anyone in this class that you fell you would benefit from working closely with? If so name the student(s) and explain why you feel you would benefit from working with them.

7. Is there anyone in this class that you know you will not be able to work well with or will be distracted by (especially in the area of social chatter)? If so, please name the student(s) and explain why you feel you will not be able to work with them.

8. When you think about your science experience at Payton so far, what are the first three words that come to your mind? Please explain why you chose these words.

9. What, if anything, are you most excited about in this class?

10. What, if anything, are you most worried about in this class?

11. Who are you heroes and why?

12. If you had a "free" day what would you do?

13. If you get "off track" in this course, what is the best way I can go about helping you "get back on track"?

14. Anything else you would like to share with me or think I should know (health, allergies, educational issues, IEPs, need for 2 textbooks for 2 homes, etc) that you think would help me be a more effective teacher for you?

15. a. Do you have an Internet connection at home?

    b. Is it reliable?

    c. Do you have a computer, tablet or smart phone that you bring and plan to use in class? If so, which kind?

16. Circle the results of your leaning style survey #1. If you had more than one style record both/all of them.

        Visual/Verbal   Visual/Nonverbal

        Tactile/Kinesthetic   Auditory/Verbal

17. Survey #2: Record your results.

	Strong	Moderate	Balanced	Moderate	Strong	
Active						Reflective
Sensing						Intuitive
Visual						Verbal
Sequential						Global