

Math Survey

Name _____ # _____ period _____

- | | | |
|---|-----|----|
| 1. Do you have your own hand held calculator? | Yes | No |
| 2. Do you have a phone with a calculator? | Yes | No |
| 3. Do you have access to the internet after school? | Yes | No |
| 4. Do you have study hall(s) during the day? | Yes | No |

If you answered yes, during which period(s) do you have a study hall?

- | | | |
|---|-----|----|
| 5. Do you like being called on to answer questions? | Yes | No |
| 6. Do you like going to the Smart Board? | Yes | No |
| 7. Did you have difficulty completing homework last year? | Yes | No |
| 8. Are you comfortable asking for help in math class? | Yes | No |
| 9. Do you enjoy math? | Yes | No |
| 10. Are you going to need help in getting supplies for class? | Yes | No |

If you answered yes, which supplies will you need help getting?

What are your thoughts on math? What did you like or dislike about last year?

What are your goals for math this year?

GETTING TO KNOW YOU

Full Name: _____

I like to go by the name _____

I am _____ years old and my birthday is _____

My friends are

I prefer to sit in the _____ of the classroom.

I learn best when _____

This school year I am looking forward to _____

I'm really good at _____

After school I like to

When I graduate I want to _____

FAVORITES: candy _____

drink _____

snack _____

TV show _____

The most important thing you need to know about me is

