| Name: | |
|---|--|
| Birthday: | |
| Class Period: | |
| Birthplace (city, state, country): | |
| Parent(s)/Guardian(s): | |
| | _/ |
| (name) | (relationship to you) (phone number) |
| (name) | (relationship to you) (phone number) (relationship to you) (phone number) (relationship to you) (phone number) |
| (name) | (relationship to you) (phone number) |
| (name) | (relationship to you) (phone number) |
| What type of atmosphere do you need in order to be successful/work well? | |
| What skills do you possess that will help you in this class? (good memory, etc.) | |
| What things might make this class difficult for you? (poor eyesight, slow reader, etc.) | |
| Is there any personal/medical info. you'd like to share with me, or that I should know? | |
| Describe a recent success and/or identify some of your skills or interests. | |
| Explain a funny and/or interesting childhood incident | |
| | |
| Identify your favorite: | |
| Color | TV show |
| Flower | TV show |
| Season | Music |

