

Study Skills/ASD

VERNON TOWNSHIP HIGH SCHOOL

Study Skills/ASD

Student Survey

Teacher: Mrs. Dool

Your Name: _____

Study Skills/ASD Class Period: _____

This student survey serves two functions: one, it models good interview questions requiring you to provide more than a one word response to many of the questions that are listed; and two, if completed correctly, the class and I will get an opportunity to know more about you. Provide a response to the best of your ability. Your answers will not have any affect on how you are graded in this class.

19. Do you watch news or sports programming? (Identify all)
20. What is your favorite TV show?
21. How many hours of TV do you watch per day?
22. What is your favorite film?
23. If you had to give up one of your electronic devices, what would you choose? (cell phone, TV, mp3 player, Xbox, Wii, etc.) Why?
24. How much time per day do you usually spend on school work?
25. Do you usually have homework daily? If not, how often do you anticipate HW this year?
26. What is your favorite leisure activity? How often do you participate in it?
27. How do you prepare for your classes each day?
28. Are you often looking for things in your room, locker, notebook, folders, etc? Such as HW, books, your phone, pencils, gym clothes, etc? If so, what have you done to improve the situation?
29. If you're BFF were asked to describe you in three words, what three words would that person use?
30. Your grade in this class will be determined by you. What grade do you anticipate earning in this class? (Identify your grade using numbers, such as 95, 90, 87, 80, etc.)

End of Survey