

Science 9 Student Questionnaire

Birthdate: _____

Full Name: _____

Phone: _____

Student Number: _____

Block: _____

Parent/Guardian Information:

Name: _____

Cell Phone: _____

e-mail: _____

Name: _____

Cell Phone: _____

e-mail: _____

1. Who is your counsellor? _____ - _____

2. Who taught you Science 8 last year? _____

3. What was your final mark in the course? _____

| Blk | Course | Teacher |
|--------------|-----------|------------|
| <u> A </u> | _____ | _____ |
| <u> B </u> | _____ | _____ |
| <u> C </u> | Science 9 | Mrs. Weiss |
| <u> D </u> | _____ | _____ |

4. List any part time jobs, sports teams, or other activities that take up your time: _____

5. Think of any past courses that you enjoyed and felt successful in. Describe what made you feel this way. Be specific.

6. What are you hoping to get out of this course?

7. My goal for this course is: _____

8. Describe the plan you will follow in order to achieve the above goal.

