

STUDENT INFORMATION SHEET

Name _____ Period _____ Birthday _____

Parent(s)' Guardians Name(s) _____

Home Number _____ Cell _____ Dad
Cell _____ Mom

Parent's E-mail Address(es) _____

Your Student E-Mail Address _____

1. Is there anything I should know about in order to provide an optimum learning environment for you?
2. What sports and/or activities are you involved in (What do you like to do in your free time)?
3. What are some of your goals or what do you hope to learn during Health?
4. In the past, what have teachers done (or could've done) to help make you more successful?
5. If you were a teacher, list three guidelines/ rules that you would have for your students to help them be successful in class.
6. What makes you the most anxious about Health class??

