**Personal Inventory**

**GOALS**

What is your favorite part about this subject?

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What is your least favorite part of this subject?

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What do you hope to learn this year?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

Name of Parent or Guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXTRA CURRICULAR**

Do you have a job outside of school? **YES NO**

If so, where do you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours a week do you work during school?

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What clubs, sport teams, or other organized activities do you do outside of school hours?

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**HEALTH AND WELLNESS**

Do you have any dietary restrictions? If so, what are they?

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What do you do to relax?

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**LEARNING NEEDS**

What kind of environment do you need to learn? (ex. silence, background noise, low/high light, warm/cool temperature)

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Do you have any learning needs or struggles that I should be aware of? (ex. extra time on tests, difficulty reading)

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Do you prefer to hand write or type notes and assignments?

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