

ACT Student Survey

First Name _____ Last Name _____

Email address (most used) _____

Cell phone or home number _____

City of residence _____

Where do you want to be in 5 years and how does this class help you toward this goal?

What kinds of jobs/careers/skills do you have or have you had in your life?

What are your hobbies?

List 3 movies, TV shows, or books you like.

Please list any disabilities, medications, health issues, or other information that you feel the instructor may need to know about for this class or lab. (Optional and confidential)

What skills do you want to learn in this class?

What classes are you taking at MPC this semester?

Are you working and where currently? If so where are you working?

If you are in a Math class this semester, which one and who is your teacher?

Please Print and Return to teacher