

## **Student Self-Assessment Form**

	Student: Date:
	Phone Email Address:
1.	What was the last high school you attended?
2.	What was the last grade you completed in school?
3.	How long have you been out of school?
4.	What subject did you like the most?
5.	What subject did you like the least?
6.	What hobbies and activities do you enjoy?
7.	What topics do you know a lot about?
8.	Check any of the following that belong to you:
	I have trouble understanding what is readI have trouble remembering what I read
	I enjoy reading but I read very littleI enjoy reading and I read a lot
9.	Check any of the following that apply to you:
	I have always struggled with mathI did OK in math when I was in school
	I enjoy math but I need a reviewI enjoy math and I am good at it
10	. Did you ever receive special help or services in school?YN
	If yes, what subject(s) areas did you receive help?Math Reading English/Writing Other
11	. Do you feel easily distracted while learning?YN
12	. Do you enjoy computer assisted learning?YN Do not know
13	. Please check the one that applies to you the most:
	I know very little about technology and computers
	I can email and search the internet but that is about all I do on computers
	I am tech savvy and use computers for documents, reading, etc

14. I could use some training in the following computer areas:
email word documents presentationsspreadsheets
internet usage – getting to the distance learning sites
15. Do you have any health issues or disabilities that could affect your learning?YI
If yes, please explain:
16. Complete the following sentence. I came to this class because
17. What work experience have you had?
18. Job related likes or dislikes that we should know about?
19. What are your occupational interests?
20. Do you have any post-secondary training or education?
21. Is there anything we should know about you that will help with your progress?