YOUR INVENTORY

DIRECTIONS: Please print clearly and attempt to answer all of the following questions fully. This questionnaire is for my personal use and its contents will remain private.

Name	e	Date		Hour	
Home Address		City		Zip Code	
Telep	phone Number				
Age		Grade			
1.	Is your eyesight (circle one):	excellent	good	fair	poor
2.	Is your hearing (circle one):	excellent	good	fair	poor
3.	Is your health (circle one):	excellent	good	fair	poor
4.	Are your reading skills (circle one):	excellent	good	fair	poor
5.	What is the average amount of hour	s do you sleep	each school	day?	
6.	Do you have a place to study at hon	ne?			
7.	How much time do you spend study	ing on school	nights?		
8.	After school, what do you like to do	?			
9.	How much time do you spend study	ring on weeke	nds?		
10.	What do you like to do on the week	ends?			
11.	Please list any school groups, clubs, involved with.	sports teams	or extra curri	cular activities	you are
12.	If you are working this semester, ple of hours you work during the week.		-		
		Empl	oyer Name	hr	s/week
13.	What is your grade point average				

Please list all of the classes you are currently taking this semester in the spaces below. 1st 5th 2nd 6th 3rd 7th 4th				
The thing I like most about high school is				
The thing I like least about high school is				
My favorite class is				
It is my favorite class because				
The class I dislike the most is				
I dislike the class because				
I am taking this class because				
One thing I would like to learn in this class is				
The grade I think I will receive in this class is a(n)because				
If I were the teacher, I would				
I often do well in class when I				
I often do poorly in class when I				
The grades I currently receive in school are mostly				
For me to reach my full potential as a student, I must				
After graduation, I plan to				
In order to achieve this goal, I must				