

WHO ARE YOU?

- ❖ NAME: _____ TELEPHONE NUMBER: _____
- ❖ AGE: _____ E-MAIL ADDRESS: _____
- ❖ OCCUPATION: _____

❖ Cross out those options which don't apply to you:

MARRIED / WITH CHILDREN / LIVES WITH PARENTS / LIVES ALONE / WORKS PART-TIME / ATTENDS
SCHOOL or UNIVERSITY / WORKS FULL-TIME

- Is this your first year at the LCB? YES/NO
- Have you ever taken this course before? YES / NO *If YES, pls state when: _____*
- Do you like...
 - a. working with music? YES / NO
 - b. working with videos? YES / NO
 - c. working with computers? YES / NO
 - d. playing games? YES / NO
 - e. moving around in class? YES / NO
 - f. taking part in competitions? YES / NO
 - g. being assigned a lot of homework? YES / NO
 - h. being expected to choose what to do? YES / NO
 - i. correcting your own work? YES / NO
 - j. correcting a partner's work? YES / NO
- Would you like to add anything else? (PTO)
- Finally, write down 2 activities you would like to try in this course and one you do not want to do:

1. DO: _____
2. DO: _____
3. DON'T : _____

Thanks a lot! - Gladys N. Baya

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4. DO: _____
5. DO: _____
6. DON'T : _____

Thanks a lot! - Gladys N. Baya
