

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

Date: \_\_\_\_\_

## Learning Styles Inventory

Answer the questions to the best of your ability. Mark a YES or NO response.

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. I'm good at figuring out how something works.          | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. I can understand a taped lecture.                      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. I prefer to have written directions to someone's home. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Reading aloud helps me remember.                       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. I have musical ability.                                | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6. I color-coordinate my clothes.                         | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 7. I'm good at rhyming and rapping.                       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 8. I can picture the setting of a story I am reading.     | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 9. I study better with music in the background.           | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 10. I enjoy hands-on learning.                            | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 11. I enjoy studying foreign languages.                   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 12. I would rather paint a house than a picture.          | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 13. I enjoy studying in groups.                           | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 14. I prefer watching a video to reading.                 | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 15. I have athletic ability.                              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |