

Name: _____

Date: _____

Student Information Worksheet

Respond to each direction given below.

1. First and Last Name: _____
2. What should I call you? _____
3. How do you get to and from school? _____
4. What is your favorite activity or sport? _____
5. What is your favorite healthy food? _____
6. What is your favorite "junk" food? _____
7. About how much sleep do you get each night? 8. What is your dream job or career? _____
9. Who is one of your heroes? Why? _____
10. What is your favorite subject in school? Why? _____
11. What do you like about school? _____
12. Do you have computer / internet access at home? _____