

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? \_\_\_\_\_