STUDENT INFORMATION SHEET

NAME:

E-MAIL:

RELIABLE PHONE NUMBER:

NUMBER OF UNITS YOU ARE TAKING THIS SEMESTER:

NAMES OF THE OTHER COURSES YOU ARE TAKING THIS SEMESTER:

1. Why are you enrolled in Math 5B?

2. What is your prior experience with mathematics, engineering, statistics, physics, science and/or computers? Please tell me about it. Include when, where, with what teacher (if at Cabrillo) and your grade in Calculus I (Math 5A).

3. Are you a full time student? Yes No

   How many semesters have you completed at Cabrillo? 1 2 3 More than 3

4. Number of hours employed per week_____

   Do you have children to care for? Yes No

5. Planning on transferring to a 4-year school: No Maybe Yes

6. Have a computer with internet access at home: No Yes

7. How do you view yourself as a student? Do you feel you will be successful in this class? What grade are you working toward?

8. You learn best when.....
9. What factor(s) might contribute to your dropping this course during the semester?

10. Please share with me any “special condition” you may have that affects your learning:

11. What are you most proud of? (culture, family, accomplishment, faith, garden, characteristic, or....)

12. I have read, and plan to comply with the class expectations for this course. (You can find these at: http://www.cabrillo.edu/~mladdon/classexpect.htm)

________________________________________ (your signature)