

Eric Hamber Secondary – Skills Centre Student Information 2018/2019

Name: _____ Student Number: _____

Birthday: _____ Grade: _____

My Course Schedule

Period	Subject	Teacher	Period	Subject	Teacher
Block 1-1			Block 2-1		
Block 1-2			Block 2-2		
Block 1-3			Block 2-3		
Block 1-4			Block 2-4		

Last School Year

Subject	Last Year's Teacher	Final Grade
English		
Social Studies		
Science		
Math		
Best Elective		

- Did you have a Skills block last year? _____
- Do you currently work with a tutor outside of class? _____. If so, what subject(s)? _____
- Have you ever repeated a course? _____. If so, what subject(s)? _____
- Do you have access to a computer at home? _____
- Do you have access to a printer at home? _____
- Do you have a smart phone? _____

Problems Experienced at School

- | | |
|--|--|
| <input type="checkbox"/> <i>Class size was too big</i> | <input type="checkbox"/> <i>Work was too easy</i> |
| <input type="checkbox"/> <i>Attendance and being on time</i> | <input type="checkbox"/> <i>Work was not interesting</i> |
| <input type="checkbox"/> <i>Work was too difficult</i> | <input type="checkbox"/> <i>Conflict with teachers</i> |

- Conflict with other students*
- Not enough time for assignments*
- Not enough time to write for tests*
- Forgetting assignments or test dates*
- Did not know how to study well*

Other concerns:

What is your **best** academic subject in school: _____

Why is it your best:

What is your **most difficult** academic subject in school: _____

Why is it your most difficult:

List three of your **strengths** and tell me why you consider these as strengths:

a. _____

b. _____

c. _____

List three of your **weaknesses** and tell me why you consider these as strengths:

a. _____

b. _____

c. _____

