## First Day of Class Survey

| Name  | Major  |
|---|--|
| Hometown  | Population(ish)                              |
| Educational/professional goals                          |  |
|   |  |
|   |  |
| Kids/grandkids? Names and ages                          |  |
| What are your learning goals for this class?            |  |
| Do you have a job (voluntary or paid)? Wha              | it do you do? How many hours/week?           |
| If money were no object, what would you d               | lo with your life?                           |
| Describe a goal you set for yourself that you           | u accomplished.                              |
| What is the wisest advice you've gotten fro             | m a family member or friend?                 |
| Is there anything I should know about you t<br>learner? | hat would help me understand your needs as a |