



Robin DeMarco
The Skyping Science Tutor
P.O. Box 1602
Lockport, NY 14095-1602
(585) 735-5048
robin@theskypingsciencetutor.com

Student Questionnaire

Name: _____

Date: _____

School: _____

State _____

Science Course _____

Personal Info

1. Tell me about your family. Who lives at your house? Any brothers or sisters?

2. What things do you like to do when you're not in school? Hobbies/interests?

3. What books do you like to read? What TV shows do you watch?

4. What is your favorite subject in school? Why? Which is your least favorite? Why?

Student in Science

5. What do you like about science?

6. What do you perceive as your strengths? Weaknesses?

7. How do you prepare for class or lab? How do you study for a test?



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8. Thinking about the best student in your class, what makes them a good student?

9. When you read your text book, does it make sense to you? What do you do when it doesn't?

10. Do you ever have problems remembering what you've read? What did you do when that happened?

11. What are your goals for the future?

12. How can I help you do better in class?
