

Student Survey REA section: _____

Date ____/____/____

Name: _____

Complete Home Address: _____

email addresses: _____

Cell Phone Number: _____

Home Phone Number: _____

College ID Number: _____

High School Attended: _____

Previous Reading courses taken at BCC and name(s) of instructor(s):

Do you read for pleasure on a regular basis? What do you read? _____

When are you likely to do most of your reading? _____

In general, do you like to read? _____

What is the name of the last book you read? _____

What is your all-time favorite book? _____

What do you hope to get out of this course? _____

What other courses are you taking this semester? _____

What possible career goals do you have in mind for yourself at this time? _____

If you have a job, where do you work and what do you do? _____

How many hours per week do you *usually* work? _____

What is the primary language spoken in your home? _____

Are there any learning disabilities or problems that you have that you want me to know about, so that I can adjust my teaching in order to best help you? _____

What type of person do you consider to be a good teacher?

Tell me about yourself. (Please fill up the back of this paper as much as possible.)

D.J. Schellack, BCC Developmental Reading Coordinator