



# EXPLORE

**TOPIC: START OF THE YEAR**

NAME: \_\_\_\_\_

PER: \_\_\_\_\_

## ALL ABOUT ME SURVEY

1. Do you have another name you prefer to be called in class? If yes, write it here: \_\_\_\_\_
  
2. Are you new to Venice High School? If so, what school did you last attend, and in what city and/or state?  
\_\_\_\_\_
  
3. What other demands will you have on your time outside of class? If so, what times during the week and how many hours?
  - a. Sports? \_\_\_\_\_
  - b. Work? \_\_\_\_\_
  - c. Family needs (like babysitting siblings)? \_\_\_\_\_
  
4. Do you have trouble with your **hearing** or **eyesight**? YES or NO
  
5. Do you have special physical, cognitive, or emotional **school-arranged** accommodations for your learning? YES or NO
  
6. If yes, please feel free to let me know what supports you need as a student:  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Do you currently use a Chromebook (or laptop) at home AND bring it to school for your classes? YES or NO
  
8. Do you currently have reliable internet access at home? YES or NO