

Student Information Sheet

Name: _____

E-mail address: _____ Local/cell phone: _____

Major/field of interest: _____

1. Do you feel prepared for this class?
2. What is the last math class you took, and when did you take it?
3. Do you need to take another math class after this one? If so, which one?
4. Overall, how do you feel about math?
5. Which graphing calculator do you have? (Please be aware that there are restrictions on calculator usage – please see course policy.)
6. How experienced are you with your graphing calculator?
7. Tell me something about yourself that will help me remember you.
8. What questions do you have?