



## STUDENT PROFILE

Semester: (Circle one) **F** Sp Su

Course/Sec# \_\_\_\_\_

(Please print information)

Name: \_\_\_\_\_ **FSU Student**

# \_\_\_\_\_  
(First) (Last) (Last 4 digits only – This is *not* your SSN)

**Local On-Campus Address:**

\_\_\_\_\_  
(If you live on campus) (Residence Hall & Room# OR Campus Housing & Apt#)

**Local Off-Campus Address:**

\_\_\_\_\_  
(If you live off campus) (Street)  
(Apt#)

\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Local Phone Number:** \_\_\_\_\_ **E-Mail Address:**

**Total number of semesters** you have been at Ferris: \_\_\_\_\_

**FSU Program** currently enrolled in: \_\_\_\_\_

**Classes this semester:** 1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_  
5 \_\_\_\_\_ 6 \_\_\_\_\_

**1. Please compose a brief paragraph to introduce yourself to your SLA Facilitator.**

*What is your personal background- family, schooling, interests, employment, etc? Why did you choose to attend Ferris? Why did you choose your current program? What would you like your facilitator to know about you?*

(Please complete both sides)

**2. Is this your first experience with an SLA course?**

- Yes (Skip to Question #4)
- No (Please continue with Question #3)

**3. In your previous SLA course(s), what were some things you either found useful or did not like about the SLA Workshop?** (*Indicate at least one positive and, if any, one negative aspect of your SLA experience.*)

**4. What type of learning style do you think you use when studying your class materials?**

- Visual Learning (seeing)
- Auditory Learning (hearing)
- Kinesthetic Learning (hands-on)

**5. What study and memory strategies do you use that seem to work best for you?** (*Check all that apply*)

- Flashcards
- Copying over notes
- Taping lecture notes
- Outlining chapters
- Memory phrases
- Rereading chapter materials
- Reviewing lecture notes
- Other (*list*): \_\_\_\_\_

**6. Which learning and studying skills are you interested in learning more about or developing within yourself?**

**7. Do you have any special needs, disabilities, or difficulties that may be helpful for the facilitator to know to help him/her assist you in this SLA workshop?** (*Information will be kept confidential.*)

*Thank you for your cooperation! All information is kept completely confidential and is only for the use of your SLA Facilitator to assess students and the academic needs in this SLA workshop.*