

The  
*Who Am I?*  
Questionnaire

Greetings! The purpose of this questionnaire is for me to learn a bit about you as a person, an individual, and a new student in my course. Many of the questions on here are very personal. **You do not have to answer anything you do not want to.** Answer what you're comfortable answering and simply leave anything else blank. Turn the questionnaire in to me when you are finished. Your responses will be kept **completely confidential** and are meant for **my eyes only**. This questionnaire serves to help me, as your professor, to understand your personal needs and work with you as an individual. Please be assured that I will value your responses and treat them with respect and trust. Remember, if there is any question you do not want to answer, simply skip it. Although it is important that you answer this questionnaire so that I can serve you to the best of my ability, be assured that **your grade is not affected at all by your responses, or lack thereof**, to any questions.

Thank you in advance for your assistance and participation in this project!

Dr. B

Martha J. Bianco, Ph.D.

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1. What is your name? \_\_\_\_\_
2. What is today's date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. How old are you? \_\_\_\_\_ years old
5. What is your gender?  female  male
6. What languages do you speak well? \_\_\_\_\_
  - 6a. What languages do you read and/or write pretty well? \_\_\_\_\_
  - 6b. Is English your second language?  no  yes  
(if yes, please list native language: \_\_\_\_\_)
  - 6c. What language did you speak at home as a child? \_\_\_\_\_
  - 6d. What language do you speak most of the time  
at home or with friends and family *now*? \_\_\_\_\_
7. Have you decided on a major yet?  no  yes  
(if yes, please indicate: \_\_\_\_\_)
8. Did you get a high school diploma?  or a GED ? If a GED, please skip to No. 9.
  - 8a. What is the name of your high school? \_\_\_\_\_
  - 8b. Location of high school: \_\_\_\_\_  
city State/Province Country
9. How many **terms** have you been in college?
10. What word(s) do you use to describe your race and/or ethnicity?

11. If someone asked you, "Where are you from?" what would your answer be?
12. Which of the following best describes your most recent academic experience (e.g., last year, last term)?
- I was an "A" or "top" or "honors" student
  - I received mostly A's and B's and consider myself a pretty good student
  - I was pretty average in most subjects
  - I sort of slacked through school, getting mostly C's and D's
  - I really didn't try hard or do well and got mostly D's and F's
  - I worked hard and tried hard, but never got very good grades
  - Other (please specify: \_\_\_\_\_ )
13. Are you or have you ever been on academic warning in college?  no  yes  
(if yes, check here if you'd like help this term )
- 14a. Please list several of your **favorite** academic subjects, up until now:
- 14b. Please list several of your **least favorite** academic subjects, up until now:
15. Please identify a project or activity of which you are the most proud (for example, a prize-winning essay you once wrote; your raising and taking care of your little brother; your volunteer work with your church, etc.)
16. Please describe your current living and family situation (for example, married with no kids; single, no kids; single & living with a roommate; single, living with parents; single, living with and taking care of other family members; living together in a committed relationship). Again, just tell it like it is, however you're comfortable!
17. What are some of your nonacademic hobbies and/or interests?
18. Have you ever been incarcerated, on probation, or on parole? no yes (if yes, please elaborate, if desired:)
19. Are you in or have you ever been in alcohol- or substance-abuse recovery? no yes (if yes, please elaborate, if desired:)
20. Are you the first member of your family to attend college? no yes (if yes, please elaborate if desired:)
21. Are you or have you ever been an active member of any country's armed forces? no yes (if yes, please elaborate:)
22. Were you born in  or have you visited  or lived in  other countries, besides the US? If so, please elaborate:

23. Have you engaged in school sports  or nonschool sports  of any kind? If so, please elaborate:
24. Why are you in college right now?
25. Why are you at Portland Community College, in particular?
26. Are you in any special program (such as Gateway to College, Life Tracks, NAYA, etc.) here at PCC? No  Yes   
(Please elaborate.)
27. Up until now, would you say that you **like** to read? Not really  Sometimes  Yes   
(If "yes," what kind of reading material do you prefer? If "no" or "sometimes," why?)
28. What do you look forward to the most, from this class?
29. What are you the most concerned or worried about, with respect to this class?
- 30a. Do you have a major? No  Yes  If yes, what is it? \_\_\_\_\_
- 30b. What is your long-term goal (2-3 years or more), upon finishing college?
31. Do you consider yourself to have or have you ever been told you have any kind of learning disability(ies)?  
No  Yes  (If yes, please describe.)
32. Do you have trouble seeing or have you been told that you need glasses? No  Yes  (If yes, describe whether or not you wear corrective lenses and, if not, why.)
33. List at least three adjectives describing yourself as a student (e.g., perfectionist, procrastinator, serious, hard worker, overworried, slacker, etc.)
34. Do you have or have you ever had any serious health problems that may affect your work in this class or your general state of well-being? No  Yes  (If yes, please describe.)
35. How many credit hours are you taking this term? \_\_\_\_\_
36. What other classes are you taking (please give just general course titles, not numbers)?
37. Indicate **any of the following classes** you have taken and the **final grade** you received:
- |   |             |       |   |             |       |
|---|-------------|-------|---|-------------|-------|
| <input type="checkbox"/> ESOL Writing Level 8 | final grade | _____ | <input type="checkbox"/> ESOL Reading Level 8 | final grade | _____ |
| <input type="checkbox"/> Writing 80           | final grade | _____ | <input type="checkbox"/> Reading 80           | final grade | _____ |
| <input type="checkbox"/> Writing 90           | final grade | _____ | <input type="checkbox"/> Reading 90           | final grade | _____ |

38. If you **did not** take any of the classes listed in No. 37, were you placed into RD 115 by an advisor?  
 Yes  No  I don't know  I wasn't placed into RD115 because I passed the class(es) indicated above
39. Do you plan to transfer on to another college or university? No  Yes
40. Are you the primary caregiver for anyone? No  Yes  (If yes, please describe, for example: elderly parent, children, special-needs brother):
41. Do you work outside the home (that is, do you have a job that pays a wage or salary)? Check whichever applies:  
 No, and I don't want or need a job  
 No, but I am looking for and/or need a job (describe what kind of work you may be looking for)  
 Yes. If yes, please answer the following:  
a. How many hour per week, on average, do you work? \_\_\_\_\_  
b. Where do you work and what do you do? (Please describe in the space below.)  
c. Describe how you feel about your job. Do you like it? Hate it? Tolerate it?  
 None of these apply. My work situation is as follows (please describe):
42. Are you on financial aid? No  Yes
- 42a. Did you successfully pass all your courses last term (if you were in school)? No  Yes
43. When you read or write, what kind of lighting do you **prefer**?  
 One or two table or desk lamps only  Bright overhead lighting  
 Outdoor lighting  Never thought about it
- 43a. Do you get headaches from reading , working under fluorescent lighting , other  \_\_\_\_\_?
44. Do you tend to wear a baseball cap (with the bill facing forward)? No  Yes
45. When you read, do you like to touch the page or follow the words with your fingers? No  Yes
46. When you read, do you prefer to read out loud or quietly mouth the words as you go? No  Yes
47. Do you have a space to study that is all your own? No  Yes  If so, please describe it:
48. If you could paint your special study space any color you'd like, what color do you think would be *the most conducive to your study*?
49. Are you jittery and/or do you have a hard time sitting still or paying attention to the teacher? No  Yes
50. Please add anything you think I should know, concerns that you have, something you'd like to share, or any questions you have. If you would like a personal response, check this box .

*Thank you so much for your responses!*