

Name: _____



My School Learning Needs



Learn about me and how I learn best, I have answered yes or no below.

1. When I am working, I like it to be quiet. _____
2. When I am working, I prefer to listen to music. _____
3. I prefer to work: alone _____ with a partner _____ alone _____.
4. I like to sit: near friends _____ near the teacher _____.
5. I like to sit: near the door _____ near the window _____.
6. I like working with technology _____.
7. I work better in the: mornings _____, afternoons _____.
9. I like changing desk locations sometimes _____.
10. I like to speak in front of the class. _____.
11. I enjoy school most when _____

12. Sometimes I'm concerned when _____

13. If I don't finish my work, it's usually because _____