

# Getting to Know You!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

1. Where are you from? \_\_\_\_\_

2. What are your hobbies?

Playing sports

Name of Sport:

Playing an instrument

Name of Instrument:

Listening to music

Favorite Band/Musician:

Watching movies

Favorite Movie:

Watching TV

Favorite Show:

Other: \_\_\_\_\_

Video/Computer Games

Favorite Game:

Cooking

Drawing/painting

Gardening

Reading

Favorite Book:

Other: \_\_\_\_\_

3. Do you...

Talk a lot in class?

Like to work in a group?

Like games?

Like to build things?

Like to draw?

Like to play on a team?

4. Why are you learning English?

For work

To get a job

To get a promotion

To talk to coworkers

To talk to your supervisor

For your child

To talk to your child

To talk to teachers and school staff

To talk to your child's doctor

For citizenship

To talk to a doctor

To go to school

GED

Vocational training

Community college

University

To get around town

To order in a restaurant

To ask for directions

Other: \_\_\_\_\_

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5. Do you speak English outside of class?

- |  |   |
|--|---|
| <input type="checkbox"/> With family                     | <input type="checkbox"/> With a case worker   |
| <input type="checkbox"/> Children                        | <input type="checkbox"/> Around town          |
| <input type="checkbox"/> Spouse                          | <input type="checkbox"/> In restaurants       |
| <input type="checkbox"/> Relatives                       | <input type="checkbox"/> On the bus           |
| <input type="checkbox"/> With school teachers and staff  | <input type="checkbox"/> At the grocery store |
| <input type="checkbox"/> With a parole/probation officer | <input type="checkbox"/> Other: _____         |

6. Do you work?

- |   |   |
|---|---|
| <input type="checkbox"/> Nanny/childcare worker | <input type="checkbox"/> Lawn care          |
| <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Construction       |
| <input type="checkbox"/> Cook                   | <input type="checkbox"/> Mechanic/with cars |
| <input type="checkbox"/> Dishwasher             | <input type="checkbox"/> Cleaning/janitor   |
| <input type="checkbox"/> Busser                 | Where? _____                                |
| <input type="checkbox"/> Waiter/waitress        | <input type="checkbox"/> Office worker      |
| <input type="checkbox"/> Bartender              | <input type="checkbox"/> Nurse/nurse aide   |
| <input type="checkbox"/> Host/hostess           | <input type="checkbox"/> Other: _____       |

7. Does your neighborhood have a:

- |  |  |
|--|--|
| <input type="checkbox"/> Library?          | <input type="checkbox"/> Rec center?     |
| <input type="checkbox"/> Park?             | <input type="checkbox"/> Career center?  |
| <input type="checkbox"/> Food bank?        | <input type="checkbox"/> Shelter?        |
| <input type="checkbox"/> Community garden? | <input type="checkbox"/> Police station? |
| <input type="checkbox"/> Clinic?           | <input type="checkbox"/> Fire station?   |

8. Can you use a computer?

- Yes  
 No

9. Do you have a smartphone?

- Yes  
 No