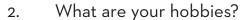
Last Name: _ First Name: _____

Where are you from? _____ 1.







Playing sports



Playing an instrument



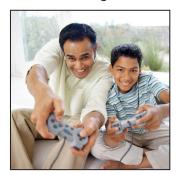
Listening to music



Watching movies



Watching TV



Playing video/computer games



Cooking



Drawing/painting



Gardening



Reading

Teacher: _____ | Class: _____

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

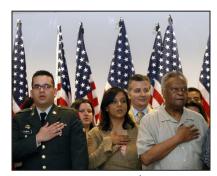
Why are you learning English? 4.







For your child



For citizenship



To talk to a doctor



To go to school



To order in a restaurant



To ask for directions

5. Do you speak English outside of class?



With family



WIth school teachers and staff



With parole/probation officer



With a caseworker



In restaurants



On the bus



At the grocery store

6. Do you work?



Nanny/ childcare worker



Restaurant worker



Lawn Care



Construction



Mechanic



Cleaner/janitor



Office worker



Nurse/nurse aide

7. Does your neighborhood have a...?







Park



Food bank



Community garden



Clinic



Rec center



Career center



Shelter



Police station



Fire station

Teacher: _____

__ | Class: _____

8. Can you use a computer?



Yes

No

9. Do you have a smartphone?



Yes

Νo