

Rose SAT Prep Student Questionnaire

Please PRINT Legibly!

Student Info

Date _____

Name _____ Grade _____ School _____

Email _____ Cell _____ (optional)

Parent/Guardian Info

Name(s) _____

Address _____

Email _____ Cell _____ (required)

Student Background

| | Most Recent Class | Level | Grade |
|---------|-------------------|------------------------|-------|
| Math | _____ | AP ___ Hon ___ Reg ___ | _____ |
| English | _____ | AP ___ Hon ___ Reg ___ | _____ |

Previous Scores (if applicable)

| | | | | |
|------|---------------|------------|---------------|---------------|
| PSAT | Reading _____ | Math _____ | Writing _____ | |
| SAT | Reading _____ | Math _____ | Writing _____ | |
| ACT | Reading _____ | Math _____ | English _____ | Science _____ |

Do you experience test anxiety?

Do you often run out of time on tests?

Which area of the SAT/ACT do you think you need the most help? _____ the least?

Which subject in school (besides lunch) is your favorite? _____ least favorite?

Which college(s) are you most interested in attending?

What are your (numeric) goals for your SAT/ACT scores?

How did you find out about this class?

Please scan and email to roseSATprep@gmail.com, or drop it off in Room 835

Thank you!