

**De Anza Adjunct Skills Course
Student Information Sheet**

(This information will be forwarded to your Supplemental Instructor/group leader.)

Last name _____ **First name** _____

Home or cell phone _____ **E-mail** _____

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Your Course (for example, Hist 17A) _____ **Course Instructor** _____

Group Day _____ **Group Time** _____ **(SI) Group Leader** _____

Groups begin the 3rd week of the quarter.

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➤ **Please describe your strengths as a student. (What do you do well?):**

➤ **Describe your weak areas as a student. (Where do you have difficulty?):**

➤ **Please record your short-term goals (academic and/or personal):**

➤ **Record your long-term goals (academic and/or personal):**

➤ **Complete the ONLINE LEARNING DIAGNOSTIC. Record your scores:**

_____ <i>Visual/Word</i>	_____ <i>Visual/Pictures</i>	_____ <i>Auditory</i>	_____ <i>Tactile-Kinesthetic</i>
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➤ **Check the Skill areas where you will focus your attention this quarter:**

<input type="checkbox"/> <i>Time Management</i>	<input type="checkbox"/> <i>Reading</i>	<input type="checkbox"/> <i>Notetaking</i>
<input type="checkbox"/> <i>Test-Taking</i>	<input type="checkbox"/> <i>Study Habits</i>	<input type="checkbox"/> <i>Communication/Writing</i>