Pre-STM Form

Dear Students,
We are excited to introduce our upcoming Student-Teacher Meetings (STMs)! This is a special time just for you, where you get to talk about anything and everything you want without any judgment. Our goal is to make these meetings fun, filled with laughter, and truly about you.

Please fill out the form below to help us get to know you better. Remember, you can change any of your answers during the STM if you wish. Also, let us know which teacher you would be most comfortable having your STM with.

We can't wait to hear from you and share a wonderful time together!

Warm regards,
[Your Teacher's Name]

Student Information Form

Personal Information:

1. Full Name : _____ **2.** Class/Grade : _____

3. Age : _____ **4.** Gender : _____

Academic Preferences:

5. Favorite Subject : _____

6. Least Preferred Subject : _____

7. Hobbies : _____

8. Favorite Book or Movie : _____

9. Do you enjoy group projects? Yes/No _____

Extracurricular Interests:

10. Favorite Sport : _____

11. Any Clubs or Societies you are a part of : _____

12. Any other extracurricular activities you enjoy: _____

Teacher Preference:

13. Name of the teacher you would be comfortable having the STM with: _____

Additional Comments:

14. Is there anything else you would like us to know about you?

Thank you for taking the time to fill out this form. Your input is valuable to us, and we look forward to a productive and enjoyable Student-Teacher Meeting.