

Los Angeles Valley College Math Department Student Survey

Name: _____ Math Course: _____ Semester: _____

Address: _____ Email: _____

Contact Phone #: _____ Home Mobile Office

Last Math Course: _____ Semester/Year Taken: _____

Instructor or School of Last Math Course: _____

Total # of units enrolled this semester: _____ Major field of study: _____

How many hours a week do you work? _____ No. of miles from work to school: _____

Do you have the prerequisite knowledge to pass this course? Yes No Maybe

With your background, preparation, motivation and study skills, what grade do you expect to obtain in this course at the end of the semester? A B C D F W

Do you plan to go to the Math Lab on a regular basis? Yes No Maybe

Do you have access to the Internet at home or office? Yes No

How many hours a week do you plan to spend studying for this course? _____

Do you think Math is relevant to real life situations? Yes No Not Sure

Please answer the following questions:

1. Why are you taking this course? _____
2. How many absences do you expect to have this semester? _____
3. How many semesters have you been at Valley College? _____
4. Any nice or negative thoughts about your mathematics experience?

5. What are your expectations from this class? _____

I have read the syllabus and am aware of the requirements of the class. I will abide by the class policy and will try my best to be a good student of mathematics.

Signature