

Name: \_\_\_\_\_

## HOW DO YOU LIKE TO LEARN?

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. I work best when it is quiet.                              | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 2. I can work when there is noise in the classroom.           | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 3. I like to work at a table or desk.                         | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 4. I like to work on the floor.                               | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 5. I like to work on an assignment until it is completed.     | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 6. Sometimes I get frustrated with my work and do not finish. | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 7. I like to learn by moving around the room.                 | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 8. I like to learn while sitting in my desk.                  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 9. I like to work by myself.                                  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 10. I like to work in a group or with a partner.              | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |