

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 |