About You Questionnaire

These questions are purely voluntary - you do not have to answer any of them, if you do not wish to - but are designed to give me a better sense of how to support you as a student. As a department, we are committed to serving all of our students. Your answers will be shared between the instructors of the classes that you are enrolled in unless you ask that they be kept confidential.

Preferred Name ____________________________________________
*If this name is different than your legal name, please let me know here.

Gender ______________________

What is your educational goal at HCC?

☒ CDA Certification  ☐ CDA + Certification  ☐ Associates in ECED  ☐ Associates in another major
☐ Other __________________________

Is this your first semester taking college courses?

☒ Yes  ☐ No  ☐ No, but I have been away from college for more than 1 semester

How many other classes are you currently taking, if any? _________

Which ECED courses are you currently taking? (Circle all that are relevant)
105 (Intro)  110 (Dev App. Practice)  131 (Development)  140 (Guidance)  151 (Practicum)  170 (Into Infants and Toddlers)
245 (Family and Community)  263 (Curriculum)  275 (Children’s Lit)  296 (Advanced Lab)

What is your career goal? (Check as many as you’d like!)

☒ To become a preschool teacher  ☐ To teach older children
☒ To work with young children (not in a school setting)  ☐ To open my own family childcare
☒ To become a childcare administrator/director  ☐ To work in a different field  ☐ I have no idea!
☐ Other __________________________

Do you have a job/internship other than school? If so, who is your employer(s) and what is your job title(s)? How many hours a week do you work, appx?______________________________________________

Do you have a working computer at home? ________________ A working printer? ________________
What kind of transportation do you usually use to get to school?* (circle as many as relevant)

Walk  Bike  Bus  I ride with someone/get dropped off  I drive my own car  Other _______________

Do you have any children? If so, how old are they? ________________________________

If you do have children at home, does someone help you in caring for them? ________________________

Are you a caretaker for anyone other than your own children (parents, grandparents, etc.)? If so, who?

_______________________________________________________________

Do you speak any other languages? If so, what are they, and which language do you speak at home?

_______________________________________________________________

How would you identify your ethnicity? ____________________________________________

Have you had any major life changes recently that you would like to share with me? (If you would like to talk about these in person instead of writing them, let me know that here.)

________________________________________________________________________

________________________________________________________________________

Is there anything that you would like to share with me about your needs as a learner? (If you would like to talk about these in person instead of writing them, let me know that here.)

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Anything else you would like to share?

________________________________________________________________________

*Note for faculty: For online course, “How do you get to school” is replaced with “How comfortable are you with technology, on a scale of 1 to 5, 1 being very uncomfortable and 5 being very comfortable.”