



Please have your child fill out the questionnaire so that we may tailor lessons that are relevant to his/her interests. **To make it more authentic, we use the Spanish version of a student's name in class. They may also be creative and choose another name that is Spanish. This name will be used throughout the entire course.*

Name _____

*Spanish Name _____ Birthday _____

Favorite Color _____

Favorite Foods _____

Food Allergies/ or Food you don't like _____

Favorite Candies _____

Hobbies _____

Talents _____

Sports you enjoy _____

Things you collect _____

Favorite Movies/shows/cartoons _____

Favorite actor and/or singer _____

Favorite song _____

Favorite singer _____

What you want to be when you are an adult _____

Something you want to learn in Spanish _____

Top reason you want to learn Spanish _____

Do you know someone who speaks Spanish? Who? _____

Anything else you would like to share _____

I will do my best to follow the rules of Spanish class.

I will speak only in Spanish during class unless I have permission to speak in English.

Student's signature _____ Date _____