

FTTS Student Background

Name _____ gender f / m

Class Level _____ email _____

Phone _____ OK if we publish your phone and email on class list? Yes/ No

Rate your background in the following topics as follows: 0–no experience; 1–vaguely familiar; 2–taken a class in it, may remember a little; 3–taken several or more classes, adequate grasp of some topics, comfortable; 4–studied intensively understood most concepts covered, very comfortable; 5–advanced training/experience solid grasp of concepts and details, could solve most problems encountered.

Rate your interest from 0 (none) to 5 (high).

Topic	Background	Interest
Animal Ecology		
Chemistry		
Evolution		
Field Ecology		
Forest Ecology		
Geology		
Soils		
Temperate Forests		
Tropical Forests		

Why did you take this class?

What are your educational/career goals at this point in your life?

Do you have any advanced medical training (WFR, EMT etc) that is still current? If so, please list along w/ certifying organization.

Do you have any skills that you could share with the class?

Do you have any particular learning challenges that you want to tell us about?

Is there anything else you'd like us to know to help support your learning?