



NAME: _____

AGE: _____

LOCATION: _____

OCCUPATION: _____

FUN FACT: _____

CLASSTIME

Describe, in a few sentences, their classroom experience.

OUT OF CLASS LEARNING

Describe, in a few sentences, their out of class learning, hobbies & personal pursuits.

HOPES

List some of their hopes & dreams for the future.

FEARS

List some of their fears. What keeps them up at night?

SECRETS

Take a stab at a secret or two. What embarrasses them? What do they secretly want?
