Student Questionnaire:

Name: ________________________________

Preferred E-mail Address: ________________________________

Classification and Tract: __________________________

What are some of your short term career goals? ________________________________

__________________________________________

What are some of your long term career goals? ________________________________

__________________________________________

__________________________________________

How do you think that this course can help achieve your goals? ________________________________

__________________________________________

__________________________________________

What experience do you have operating equipment or machinery? ________________________________

__________________________________________

What experience do you have operating agricultural equipment or machinery? ________________________________

__________________________________________

Do you like indoor or outdoor experiences more? ________________________________

What will be your grade in this class? ________