

Please fill out this form thoughtfully. Your answers will help us plan Physical Education in a way that supports your strengths, and needs. Thank you!

| Name and class: |
|---|
| |
| |
| 🖟 🚲 Your school travel habits |
| 1. How far is your home from school? |
| |
| 2. How do you usually get to school? |
| (Please write several times per week / occasionally / never next to each option.) |
| • Walking: |
| • Tram/Bus: |
| Riding a bike: |
| Car ride (by parent/guardian): |
| 3. How do you usually get <i>home</i> from school? |
| (Write several times per week / occasionally / never.) |
| • Walking: |
| • Tram/Bus: |
| Riding a bike: |
| • Car ride: |
| • Mauto: |
| |
| |
| Swimming |
| _ |
| 4. Do you know the basics of swimming (e.g. floating)? |
| (Circle one): Yes / No |

5. If yes, how far can you swim?

(Circle one):

a) Floating

- b) 5-10 meters c) 10-25 meters d) 25-50 meters e) Over 50 meters 6. How often do you swim during the school semester in your free time? (Circle one): Weekly / Occasionally / Seldom / Only at school 🕰 🕺 Dance 7. Do you have any religious or personal restrictions related to dancing? (Circle one): Yes / No If yes, please explain briefly: _____ **➡ ₩** Winter Activities 8. How often do you go skating or play ice games in winter (on average)? (Circle one): Only at school • 1–5 times per winter • 5–10 times per winter • More than 10 times per winter 9. How often have you done cross-country skiing recently (in winter)?
- 10. How often have you gone downhill skiing or snowboarding recently?

❸ △ Orienteering

11. How have you trained orienteering during your free time? (You may check or describe more than one option.)

Participated in orienteering trainings

- Participated in "iltarastit" events
- Used maps and compass during hikes or recreational activities
- I've only done orienteering at school

Floorball/hockey

12. Which side (the stick is on this side when you pass) do you play floorball, hockey, etc., with?

(Circle one): Right / Left

| © General Information |
|--|
| 13. Your shoe size: |
| 14. What are your main sports or physical hobbies, and how much time do you spend on them weekly? |
| |
| |

- 15. What are your current interests in physical activity or sports?
- 16. Do you have some ideas of starting a sports hobby what kind of?

⚠ Health and Safety in P.E.

17. Do you have any medical condition or limitation that could affect your participation in P.E. lessons?

(Circle one): Yes / No

If yes, please describe briefly and bring relevant doctor's notes to your P.E. teacher:

| ♂ Goals and Wishes |
|---|
| 18. What kind of personal goals do you have for your P.E. lessons this year? |
| 19. Do you have any questions or something else that you would like to tell in advance for your P.E. teacher? |
| ☐ Optional Courses |
| If you're participating in optional P.E. courses: |
| Your courses: |
| Is there something that you would like to learn or practice in this course? |

Thank you for your time and answers. I wish you a great semester full of activity and

movement!