

CCTA ACADEMY
MINI SEMESTER SURVEY FORM
Fall 2010

NAME: _____ ID#: _____

DOB: _____ AM OR PM

CREDITS NEEDED: _____

AREA OF INTEREST: _____

TAKS NEEDED:
ELA MATH
SCIENCE SOCIAL

What is your schedule now

1ST PERIOD: _____

2ND PERIOD: _____

3RD PERIOD: _____

CLASSES AVAILABLE:

BCIS II

AUTOMOTIVE SYSTEMS

WELDING

MEDICAL TERMINOLOGY

CONCERNS: _____

