

MY TEACHER'S FAVORITE THINGS

Dear Teacher, we are so happy to be in your class this year! We would like to know a little bit about you. Please fill this out & send it home with _____

YOUR NAME (FIRST, M.I., LAST): _____ **YOUR BIRTHDAY (MONTH/DATE):** _____

WHERE DO YOU LIKE TO SHOP?: _____

FAVORITE RESTAURANTS: _____

SALTY SNACK: _____

COOKIE/CAKE: _____

CANDY OR CANDY BAR: _____

BREAKFAST: _____

SODA/BOTTLED DRINK: _____

CHICK-FIL-A LUNCH: _____

COLOR(S): _____

STARBUCKS ORDER: _____

FLOWERS: _____

SPORTS TEAM(S): _____

FRUIT: _____

CANDLE SCENT: _____

SHIRT SIZE: _____

LOVE LANGUAGE: _____

FAVORITE ADULT BEVERAGE: _____

FAVORITE HOLIDAY(S): _____

ALLERGIES/DIETARY RESTRICTIONS: _____

DO YOU COLLECT ANYTHING?: _____

HOBBIES: _____

CLASSROOM WISHLIST ITEMS?: _____

ANYTHING ELSE WE SHOULD KNOW?: _____

 We are looking forward to a year of learning and growing with you!