

These are a few of my

FAVORITE THINGS

Name: _____ Grade/Position: _____

Birth day: (year not required) _____ Shirt size: _____

Monogram (or name preference for monogrammed items): _____

Your favorite:

College or sports team: _____ Color: _____

Salty snack: _____ Fruit: _____

Candy or Candy Bar _____ Gum flavor: _____

Soft Drink: _____ Sonic Drink: _____

Starbucks drink: _____ Cookie: _____

Cake: _____ Dessert: _____

Take out Restaurant: _____

Sit Down Restaurant: _____

Ice Cream Shop and flavor: _____

Coffee Shop: _____ Bookstore: _____

Teacher supply store (or where you most of your supplies from): _____

Flower: _____ Scent: _____

Nail salon: _____ Hobby: _____

If you found a gift card for the below amounts, where would you want it to be to?

\$5: _____

\$20: _____

\$100: _____

Do you have any dietary restrictions? _____

Your top classroom supply wishes: _____

What can your classroom parents do to help you the most? _____
