



MY 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 OUT THIS QUESTIONNAIRE AND SEND IT HOME WITH: _____

YOUR NAME: _____

YOUR BIRTHDAY MONTH: _____ DAY: _____

FAVORITE PLACES TO SHOP: _____

FAVORITE RESTAURANTS: _____

FAVORITE SNACK: _____ FAVORITE CANDY: _____

FAVORITE COOKIE: _____ FAVORITE CAKE: _____

FAVORITE DRINK: _____ FAVORITE COFFEE DRINK: _____

ALLERGIES: _____

FAVORITE COLOR: _____ FAVORITE FLOWER: _____

FAVORITE SCENT: _____ FAVORITE SPORTS TEAM: _____

HOBBIES: _____

DO YOU COLLECT ANYTHING? _____

CLASSROOM WISH LIST
