

My FAVORITE THINGS

Name: _____

Position: _____

My birthday is (month/day):

Drink: _____

Snack: _____

Fruit: _____

Color: _____

Flower: _____

Hobbies: _____

Restaurant: _____

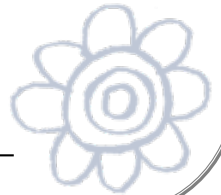
Store: _____

Teacher Supply Store: _____

School Supply Wishes: _____

Other Noteworthy Favorites: _____

Any Allergies: _____



Please return this via email to glovermelinda@gmail.com or to the PTA mailbox for the Room Parent Coordinator.

Teacher Favorites

