



these are a few of my

FAVORITE THINGS

Teacher's Name _____

WE ARE SO EXCITED TO BE A PART OF YOUR CLASS THIS YEAR. PLEASE FILL OUT THIS FORM SO WE CAN GET TO KNOW YOU BETTER AND SPOIL YOU THROUGHOUT THE YEAR!

NAME _____

MONOGRAM _____

BIRTHDAY _____

COLOR _____

CANDY _____

FLOWER _____

RESTAURANT _____

COLD DRINK _____

HOT DRINK _____

BREAKFAST _____

DESSERT _____

SWEET SNACK _____

SALTY/SAVORY SNACK _____

HOBBIES _____

SCENTS _____

PLACES TO SHOP _____

I COULD REALLY USE A GIFT CARD TO _____

I AM ALLERGIC TO OR DON'T LIKE _____

I RELAX BY _____

FOR MY BIRTHDAY I'D LIKE _____

I HAVE TOO MUCH OF (AND DON'T WANT ANYMORE) _____

I LIKE TO COLLECT _____

BEST WAY TO HELP YOU BE SUCCESSFUL IN THE CLASSROOM _____

ANYTHING ELSE YOU'D LIKE US TO KNOW _____