



All About

Teacher: _____

Birthday: _____

Favorite color: _____

Favorite flower: _____

Favorite Flavors (for cakes, pies, cookies) _____

Favorite Food/Snack/Candy _____

Favorite drink: _____

Favorite fruit: _____

Favorite restaurant or type of food: _____

Favorite animal: _____

Favorite Author(s), Book, or Genre _____

Favorite Sport and /or Team: _____

I like to relax: _____

Places I like to visit: _____

Items I would love for my classroom: _____

Hobbies, Special Interests, or unique facts about you:

Are there any items you prefer NOT to receive? _____

Please return to your Room Parent

