

Teacher Questionnaire

Please fill out this questionnaire and return it to your room parent so that your parents can learn a little more about you!

Name _____
Phone _____ Email _____
Birthday _____ Monogram _____

Favorites

Foods _____ Sweets _____
Candy _____ Drinks _____
Flower _____ Color _____
Restaurants _____ Stores _____

Hobbies and Interests

Gift Certificates I Would Like

1. _____
2. _____
3. _____

I wish I had more _____ and
_____ for my classroom.

I do not need any more _____.

If I could be pampered for an entire day, I would most like

_____.

Thanks for taking the time to help us get to know you better!