**Getting to know you** **Teacher:_____**

1. When is your birthday? _____
2. Favorite color: _____
3. Favorite snack/candy: _____
4. Favorite foods: _____
5. Favorite beverage at school: _____
6. What are your hobbies?
   _____
7. How do you like to relax?
   _____
8. What do you like to treat yourself to?
   _____
9. Favorite restaurant: _____
10. Favorite flowers: _____
11. Favorite retail stores: _____
12. Specific interests:

_____

14. Supplies needed to improve my classroom: (check all that apply)

___ Glue ___ Pencils ___ Markers ___ Stapler/Staples

___ Stickers ___ Paper clips ___ Paint brushes ___ Dry erase markers

___ Books _____

15. Anything else you would like to share, please write on back:

Please return to _____ ASAP. Thanks!