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|  | Canyon Creek ElementaryGETTING TO KNOW YOUR TEACHER! |  |

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| --- | --- |
| Name:  | 2017-2018 Room Number: |
| Birth Date (Month and Day):  | Food Allergies/Restrictions: |

Do you have any special interests or hobbies?

Do you have any food dislikes?

What is your favorite dessert or candy?

What is your favorite coffee/tea drink? Please be specific.

Do you have a favorite sports team?

What is your favorite lunch?

What is your favorite restaurant?

What is your guilty pleasure?

What is your favorite flower?

What are your favorite places to shop if you are shopping for YOU?

What are your favorite places to shop if you are shopping for YOUR CLASS?

Is there anything else you would like to share?