



My Teacher's

FAVORITE THINGS

Fast Food: _____

Restaurant: _____

Food: _____

Hot Drink: _____

Cold Drink: _____

Candy: _____

Sweet Snack: _____

Salty Snack: _____

Hobby: _____

Places to Shop: _____

Clothing Store: _____

Allergies or Diet Restrictions: _____

Check the box

	Yes	No
Candles?	<input type="checkbox"/>	<input type="checkbox"/>

Scent: _____

Movie Tickets?	<input type="checkbox"/>	<input type="checkbox"/>
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Theater: _____

Gift Cards?	<input type="checkbox"/>	<input type="checkbox"/>
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-Amazon	<input type="checkbox"/>	<input type="checkbox"/>
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-Target	<input type="checkbox"/>	<input type="checkbox"/>
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other: _____

Books?	<input type="checkbox"/>	<input type="checkbox"/>
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Books suggestions: _____
