

Room Parent Teacher Survey

Getting to know you...

Teacher's Name: _____

Grade: _____

Room #: _____

Allergies: _____

Favorites: (please be specific)

Color(s) _____

Flower(s) _____

Hobbies _____

Books/Magazines _____

Music _____

Foods _____

Snacks/Desserts _____

Restaurants _____

Department Stores _____

Discount Stores _____

School Supply Retailers _____

Pamper Me Salons/Spas (hair,nails,facials,etc.) _____

Sports _____

Other Interests _____
