

Hello Teachers & Aides We'd love to get to know you!





GETTING TO KNOW OUR TEACHER / AIDE

leacher / Aide Name	
Teacher / Aide Birthday	
Let us spoil you a little or a lot!	Throughout the year your class would like to spoil you a little (o.k. a lot). To help us get to know you, we'd appreciate if you could fill out the survey.
Favorite Place(s) to S	Shop:
Favorite Restaurants	4
Favorite Foods: Allerg	jies?
Breakfast:	
Lunch:	
Dinner:	
Desserts:	
Favorite Candies/Cho	ocolate:
Hobbies or Special In	terests:
Things You Collect (if	any):
Favorite Scent(s):	
Favorite Flowers or P	lants:
Favorite Music (group	o):
Favorite Book/Author	r/Genre:
Favorite Charity:	
Favorite Holiday:	
Favorite Color(s):	
Favorite Gift:	
Any additional inform	ation you want to share:

HOW TO RETURN THIS FORM (2 Ways: Paper or Electronic)

- 1) Print, fill out by hand, photograph and text or email back to HRP
- 2) Fill out electronically, **save** and email back to HRP (Homeroom Parent)

