Teacher Questionnaire

1. What are your initials?
2. What are you hobbies? What do you like to do?
3. Do you collect anything?
4. Do you get your nails or toes done? Where?
5. Where do you get your hair done?
6. What are your favorite stores?
7. What would you like to have for your classroom?
8. Name the top 3 best gifts you’ve ever received from a student or your class.
9. List your favorite places to vacation.
10. Do you wear jewelry? Are your ears pierced? Do you prefer Silver or gold?
11. Do you need Christmas decorations? Do you hang ornaments students give you on your tree at home?
12. Do you prefer gifts or gift cards?
13. What’s your favorite color?
14. What’s your favorite food?
15. What’s your favorite treat?
	1. Sweet? B. Salty?
16. What’s your favorite restaurant(s)?

 Fast food restaurant?

1. Birthday:
2. What’s your favorite drink?
3. Do you drink coffee? Tea? Hot chocolate?

What’s your HOT favorite?

1. What’s your favorite ice cream? Favorite ice cream place?
2. Do you prefer concerts or plays?
3. Do you like to go to the movies?
4. Do you live closer to Woodstock or Canton?
5. Do you prefer the mountains or the beach?
6. What are your sizes?
	1. Shoe:
	2. Shirt:
7. Do you like candles? If so, what scent?
8. Do you like lotions and bath products? If so, what scent?
9. Do you have a classroom theme/décor/pattern?
10. Do you like sports? If so, what’s your favorite sport and sport team?
11. Do you have any pets?
12. Anything else about you that you want to share……