



TEACHER INTEREST SURVEY

Teacher or ESP's Name: _____ Grade: _____
ESP (Educational Support Professional)

Allergies: _____

Favorite Sweets/Treats: _____

Favorite Restaurants: _____

Special Interests/Likes: _____

Do you drink coffee? Yes / No (Please circle one)

If so, how do you like it? _____

(Please circle one): Starbucks Dunkin Donuts No Preference

Please indicate if you would prefer to receive cash or a gift card with your Teacher gift(s)! Please list choices of places you would wish to receive a gift card from.

Cash: _____ Gift Card: _____

Choices for gift card:

1. _____

2. _____

3. _____

Thank you!