



Teacher Interest Survey

Teacher Name _____

Birthday _____

Favorite Treat _____

Favorite Snack/Drink _____

Do you drink coffee, tea or cocoa _____

Allergies/Dietary Restrictions _____

Favorite Color _____

Favorite Flower _____

Favorite Sports Team _____

Favorite Store (Target, Amazon) _____

Favorite Restaurant _____

Favorite Take-out Lunch _____

Favorite Activity / Hobby _____

Favorite Scent (Lotion/Candle) _____

Favorite School Supplies _____