



## 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 \_\_\_\_\_