



# Teacher Favorites (Updated 2020 - 2021 School Year)

**\*\*Please fill out / submit by August 15th\*\***

**Name**

Bobbi Roberts

**Grade**

Office

**Date of Birth**

4/20/1980

**Monogram Initials**

BKR

**Allergies / Dietary Restrictions**

none

**Favorite Color**

Green

**Favorite Flower**

Any

**Favorite Scent ( Candles, Lotions, Etc)**

Vanilla

**Favorite Hobby**

Chalk painting furniture/reading

**Favorite Beverage**

Sonic Ice Tea

**Favorite Snack / Candy**

Unsalted Almonds/Butterfinger

**I Love to Receive**

Ornaments

Soaps / Lotions

Candles

**I Like to**

Go to the Movies

Get a Mani Pedi

Craft

**If you were to receive a gift card for the below amounts, where would you like it to be to?**

**\$5 Gift Card**

Starbucks

**\$20 Gift Card**

Juice Land

**\$100 Gift Card**

Milk and Honey

**Top Classroom Supply Wish List**

Ziploc Bags

Clorox Wipes

**Is there anything you would prefer not to receive / already have enough of?**

n/a

**What can your classroom parents do to help you most this year. (Optional)**

n/a