

List of your Favorite Things

Teacher: _____

Room : _____

Colors: _____

Flower: _____

Foods: _____

Sweets/Desserts: _____

Drink Preference (coffee, tea, juice): _____

Local Restaurant: _____

Fragrance/Scents: _____

Music: _____

Dislikes/Allergies: _____

Stores (book/department/grocery/school supplies): _____

Birthday (month & date – year optional!): _____

Hobbies: _____

Indulgence (examp: pedicure/massage - location): _____
