

Favorite Things Questionnaire

Name _____ Birthday (month/date) _____

My favorite color is _____

My favorite scent is _____

My favorite flower is _____

My favorite sweet snack/dessert is _____

My favorite salty snack is _____

My favorite Sonic drink is _____

My favorite Starbucks drink is _____

My favorite restaurant is _____

My favorite store is _____

My hobbies are _____

If I had an extra \$10 to spend on my classroom, I would buy _____

I would prefer not to receive (things you don't like, things you have too much of already, things you are allergic to) _____