

Name:

Date:

Getting to Know You

Questionnaire

1. Where were you born? _____
2. How old are you? _____
3. When is your birthday? _____
4. What is your favorite color? _____
5. What is your favorite day of the week? _____
6. What is your favorite food? _____
7. What is your favorite drink? _____
8. What is your favorite ice cream flavor? _____
9. What do you want to be when you grow up? _____
10. Where do you want to live when you grow up? _____
11. Do you have any brothers or sisters? How many? _____
12. Do you have any pets? If so, what kind? _____
13. What do you like to do in your free time? _____
14. Who is your best friend? _____
15. What is your favorite subject? _____
16. What is your favorite movie? _____
17. What is your favorite book? _____
18. What is your favorite animal? _____
19. What is your favorite place? _____
20. What is your favorite song? _____