

Name: \_\_\_\_\_



## Getting To Know You

Where were you born? \_\_\_\_\_

When is your birthday? \_\_\_\_\_

What is your favorite color? \_\_\_\_\_

What is your favorite day of the week? \_\_\_\_\_

What is your favorite food? \_\_\_\_\_

What is your favorite drink? \_\_\_\_\_

What is your favorite ice cream flavor? \_\_\_\_\_

What do you want to be when you grow up? \_\_\_\_\_

Where do you want to live when you grow up? \_\_\_\_\_

Do you have any brothers or sisters? How many? \_\_\_\_\_

