

Dear Teacher, we love getting to know you! Please kindly fill out the following survey and return it back to me. Thank you!

A little About me

NAME: Jan Bostardi

CLASS: Mon. - Thurs. 4's

BIRTHDAY: May 3

MONOGRAM: JBH

Allergies Dislikes (EX. ALLERGIC TO PEANUTS OR NO COFFEE MUGS)

Sensitive to fragrance No candles or perfume

favorites

COLOR: blue or turquoise

HOT DRINK: Coffee

COLD DRINK: Flavored water

FLOWER/PLANT: Either one!

PLACES TO SHOP: Hobby Lobby Loft

RESTAURANT: Longhorn Panera

STARBUCKS/DUNKIN': Both

GIFT CARD: Target | Amazon

SWEET TREAT: Ice cream Chocolate

SALTY TREAT: Chips, pretzels
Pita Chips

BEER/WINE: Neither

ACTIVITY AT SCHOOL:

Storytime or Singing

TO DO ON OFF DAYS:

Exercise, movies, outdoors, read, time with family +