



TIME TO GET IN GEAR FOR THE SCHOOL YEAR

TEACHER & STAFF

Getting to Know You Survey



Name Miss Ms. Mrs. Mr. Davina Pyzer 5th teacher
first last position/title

Birthday month Mar. day 31

Shirt / Sweatshirt Size
 Small Medium Large Other
 XLarge XXL Large XXX Large

Work Anniversary month _____ year _____

These are a few of my favorite things

Breakfast food cinnamon rolls
 Baked goods cookies, muffins
 Candy / sweet treats chocolate
 Fruit Melon, Apples, Strawberries
 Salty snack Chips
 Cold drink Diet Coke / Lemonade
 Hot drink Cocoa / Chai Latte
 Activities / hobbies travel, crafts
 Color purple
 Flower / Plant Most - allergic to ^{mint} lily pine
 Holiday Christmas
 Scent Vanilla type
 Coffee shop Cocoa / Tea Any
 Fast food Burger King, Chuck-E-Cheese
 Sit down restaurant _____
 Place to shop Amazon

Candles: I can use more I have plenty
 Lotions: sensitive to smells Yes, please! No, thank you
 Movies: We go often We hardly go
 Cup/Mug: Love them! Have too many
 Misc: My favorite Thanks but no

If you found a gift card loaded with the following amounts, where would you wish it came from?

\$5 _____
 \$10 _____
 \$25 _____
 \$50 _____
Amazon or Walmart

My classroom / office wish list

What else should we know about you?

(Allergies, dietary restrictions / requirements, etc.)

mint, lilies, dairy sensitive

