

In order for us to get to serve you all better, we ask that you take a few minutes to fill out the following questionnaire. Please return this to the office at your earliest convenience.

Thank You,

Your P.T.O.

Name Peggy Campbell

Grade Level/Position Speech Therapist - All grades

Birthday (MM/DD) May 3

What is your favorite...

Color _____

Fruit Strawberries

Snack _____

Beverage Diet Coke

Candy Chocolate ☺

Flower _____

Hobby _____

Wants/Needs for your classroom/office

