

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 Shannon Parker

Grade Level/Position 2nd

Birthday (MM/DD) 12/5

What is your favorite...

Color Blue

Fruit grapes or bananas

Snack Cheese its

Beverage coke

Candy gummy bears, worms ...

Flower roses

Hobby movies

Wants/Needs for your classroom/office

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