

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 Amy Scott

Grade Level/Position Special ed.

Birthday (MM/DD) 7/30

What is your favorite...

Color red

Fruit grapes

Snack Chocolate

Beverage Diet P.P

Candy any chocolate

Flower any

Hobby reading

Wants/Needs for your classroom/office

