

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 Glenna Vest

Grade Level/Position 3rd

Birthday (MM/DD) 12/4/62

What is your favorite...

Color purple/green

Fruit any

Snack chips/pretzels

Beverage d. coke

Candy snickers + sour candy

Flower any

Hobby anything outdoors - working in yard + fishing - sports

Wants/Needs for your classroom/office

grading pens, pencil sharpeners,
pink erasers, stickers for students,
~~hand~~ note cards