

Teacher Wish List Questionnaire

Teacher _____

Favorite Restaurants _____

Favorite Candies _____

Favorite Snacks _____

Favorite Fruits _____

Favorite Flowers _____

Anything you collect _____

School Supplies you often need _____

Do you use Candles? _____

...Lotions? _____

...Notes/Stationery? _____

...Coffee, Tea, or Hot Cocoa? _____

Places to which you would most enjoy spending a gift certificate...

Is there anything you prefer NOT to receive? For example, do you have food allergies, dietary restrictions or too many coffee mugs?

Thank you! Results of this can help us better celebrate your birthday and Teacher Appreciation week. Please send this home with _____.

With gratitude for all you do,
