

## Teacher/Staff Questionnaire

|                                  |   |                            |
|----------------------------------|---|----------------------------|
| Date Completed                   | 4/30/18   |                            |
| Name                             | Angelica (Gigi) Andrews                                       |                            |
| Birthday (No year ☺)             | Feb 10 <sup>th</sup>  |                            |
| Grade level or Specialist Title  | Pre-K / After care  |                            |
| Hobbies or Interests             | Running, Reading, Coloring                                    |                            |
| Collections                      |   |                            |
| Favorite Color                   | Baby Blue, teal, and mint Green                               |                            |
| Favorite Flower                  | Rose & Sunflowers   |                            |
| Favorite Restaurants             | Foothills, Olive Garden, BJ's                                 |                            |
| Favorite Snack/Candy             | Sour Patch Kids & M&M   |                            |
| Favorite Drink                   | Coffee  |                            |
| Favorite Sports Team             | Carolina Tarheels, Red Sox's, New Orleans Saints              |                            |
| Favorite Place to Shop           | Altar'd State, Jcrew, <del>and</del> Target, and Ulta Beauty  |                            |
| Favorite way to pamper yourself  | Getting nails done or Bubble bath stuff <del>and</del>        |                            |
| Favorite anything else ☺         | Candles   |                            |
| Need(s) for Classroom            | Coloring books<br>Color <del>markers</del> Pencils<br>Bubbles | Chalk<br>Popcorn<br>Movies |
| Need(s) for School               |   |                            |
| Big Ticket(s) Item for Classroom |   |                            |
| Other                            |   |                            |
| Allergies/Special Considerations | N/A   |                            |