

# TEACHER SURVEY (For 2016-17 School Year)

**TEACHER'S NAME** – Kaitlin Mack

**ROOM COORDINATORS** – Faye Slabaugh and Megan Killian

**SURVEY DUE DATE !!** –Monday, August 29, 2016

**RETURN/EMAIL TO:**– Jackie Wendl

Please complete and submit this survey by the above due date:

## **BIRTHDAYS**

***Student Birthdays:*** (Please advise parent of food allergies)

*What time of day would you like the treat brought in? 1<sup>st</sup> period (8:40-9:20), we have 1 gluten free student*

*Do you want advance notice from the parents? Yes please*

## **YOUR Birthday and Christmas Gifts:**

***My Birthday is: 3/26\_ (Month & Date only)***

*What gift ideas appeal to you?*

*Gift Certificate amazon, anthropologie (clothing), gap/banana republic, ticket master*

*Restaurant Certificate to \_\_\_\_\_*

*Monetary Gift*

*Other Ideas: tickets to plays, concerts, etc.*

## **YOUR FAVORITE THINGS**

Color  *Red, Gray, Purple* \_\_\_\_\_

Candy  *dark chocolate and twizzlers*

Treat/Snack  *Coffee, ice cream,*

Indulgence  *spending time at good coffee shops, getting nails done, going out to eat in Downtown Cleveland and the neighborhoods around it* \_\_\_\_\_

Store  *Ann Taylor Loft, Anthropologie, Gap,* \_\_\_\_\_

Restaurant \_\_\_\_\_

Leisure Activity  *reading, yoga, ohio state football games, concerts, exploring the Cleveland area*

Hobby  *Baking/Cooking, Dance, Reading, Musical Theatre, yoga* \_\_\_\_\_

Musical Group or Singer: *Johnnyswim, Rend Collective Experiment, and many others*

## **OTHER INFORMATION THAT YOU WOULD LIKE TO SHARE WITH YOUR ROOM COORDINATORS:**

I am allergic to pollen (flowers) and sensitive to scented things.

We have 1 student in class who is a celiac and therefore cannot have gluten.

Thank you for completing this survey, you'll be glad that you were specific!