

TEACHER SURVEY (For 2016-17 School Year)

TEACHER'S NAME - Scott Iannetta

ROOM COORDINATORS -

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?_Morning is best_____

Do you want advance notice from the parents? __no need_____

YOUR Birthday and Christmas Gifts:

My Birthday is: _May 22_____ (Month & Date only)

What gift ideas appeal to you?

Gift Certificate _____

Restaurant Certificate to _____

Monetary Gift

Other Ideas: _____

YOUR FAVORITE THINGS

Color *Royal Blue* _____

Candy *Sour Patch kids* _____

Flower *No Thanks* _____

Treat/Snack *Salty over Sweet* _____

Indulgence _____

Store _____

Restaurant *any* _____

Leisure Activity *Sports* _____

Hobby *Saltwater Fish Tank* _____

Musical Group or Singer _____

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

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