

## My Favorite Things

Name: Jennifer Albright Grade/Position: Occupational Therapist

Birthday: (Month/Day) 4/10 Shirt Size: S/M

Monogram: (or name preference) \_\_\_\_\_

### My Favorite:

College or sports team: ECU

Color: purple

Salty snack: \_\_\_\_\_

Fruit: \_\_\_\_\_

Candy or Candy Bar: Snickers

Gum Flavor: \_\_\_\_\_

Soft Drink: \_\_\_\_\_

Sonic Drink: \_\_\_\_\_

Starbucks Drink: mocha

Cookie: \_\_\_\_\_

Cake: \_\_\_\_\_

Dessert: \_\_\_\_\_

Take out Restaurant: \_\_\_\_\_

Sit Down Restaurant: \_\_\_\_\_

Ice Cream Shop and Flavor: \_\_\_\_\_

Coffee Shop: \_\_\_\_\_

Book Store: \_\_\_\_\_

Teacher supply store: (or where you shop for supplies): \_\_\_\_\_

Flower: \_\_\_\_\_

Scent: \_\_\_\_\_

Nail Salon: \_\_\_\_\_

Hobby: \_\_\_\_\_

If you found a gift card for the below amounts, what store would you want it to be for?

\$5: \_\_\_\_\_

\$10: \_\_\_\_\_

\$100: \_\_\_\_\_

Do you have any dietary restrictions? no

Your top classroom supply wishes: \_\_\_\_\_

What can your classroom parents do to help you the most? \_\_\_\_\_

Can we share this with parents? ☒ YES ☐ NO