

New Teacher Questionnaire

1. When is your birthday? _____
2. Favorite color: _____
3. Favorite Hot drink: _____
4. Favorite place to shop: _____
5. Favorite restaurant: _____
6. Favorite flower: _____
7. Favorite Candy: _____
8. Favorite snack: _____
9. Favorite Sports Team: _____
10. Favorite Nail Salon: _____

