

These are a few of my

FAVORITE THINGS

NAME _____

Candy _____

Color _____

Drink _____

Flower _____

Hobby _____

Place(s) to shop _____

Restaurant _____

Scent _____

Snack _____

Sport _____

Sports Team _____

**Allergies/Dietary
Restrictions**

Birthday



**Wish list for the classroom
(for myself)**

THIS *or* **THAT**

Starbucks

Dunkin

Drink _____

Donuts

Bagels

Type _____