

## **Teacher Favorites (Updated 2024-2025 School Year)**

\*\*Please fill out / submit by August 15th\*\*

Name

Melissa Dalrymple

Grade Date of Birth Monogram Initials

Special Education 8/5/1973 MND

**Allergies / Dietary Restrictions** 

Sulfer

Favorite Color Favorite Flower Favorite Scent ( Candles,

Pink Peony Lotions, Etc)

Vanilla

Favorite Hobby Favorite Beverage Favorite Snack / Candy

Photography Water Watchamacolot

I Love to Receive I Like to

Candles Go to the Movies
Get a Mani Pedi

If you were to receive a gift card for the below amounts, where would you like it to be to?

\$5 Gift Card

\$20 Gift Card

\$100 Gift Card

**Top Classroom Supply Wish List** 

Is there anything you would prefer not to receive / already have enough of?

What can your classroom parents do to help you most this year. (Optional)