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## BIRTHDAY: FAMILY MEMBERS:

## **FAVORITES**:

DRINK:

CANDY:

SNACK:

**PLACE TO TRAVEL:** 

BOOK: MOVIE: SONG:

**HOBBY:** 

## QUESTIONS TO CONSIDER:

ON A DAY OFF. WHAT IS THEIR FAVORITE THING TO DO?

WHAT IS SOMETHING THEY WISH WAS POSSIBLE DURING THE DAY?

WHAT IS ONE GOAL THEY HAVE FOR THE SCHOOL YEAR?

SOMETHING THEY WERE GREAT AT IN SCHOOL?

OTHER JOBS THEY HAVE HAD IN THE PAST?

SOMETHING THAT MAKES THEM LAUGH?