



# Teacher Favorites (Updated 2023 - 2024 School Year)

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

**Name**

Marcie Schulenberg

**Grade**

Special Education

**Date of Birth**

12/6/1970

**Monogram Initials**

MMS

**Allergies / Dietary Restrictions**

None

**Favorite Color**

Green

**Favorite Flower**

lily

**Favorite Scent ( Candles, Lotions, Etc)**

any

**Favorite Hobby**

Running

**Favorite Beverage**

Sparkling Water

**Favorite Snack / Candy**

Any kind of fruit

**I Love to Receive**

Candles  
Soaps / Lotions  
Baked Goods

**I Like to**

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**

Any

**\$20 Gift Card**

Any

**\$100 Gift Card**

Any

**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)**