



# Teacher Favorites (Updated 2025-2026 School Year)

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

**Name**

Catherine Lopez

**Grade**

Special Education

**Date of Birth**

11/11/2025

**Monogram Initials**

CMR

**Allergies / Dietary Restrictions**

none

**Favorite Color**

green

**Favorite Flower**

all!

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

any bakery scents

**Favorite Hobby**

making sourdough

**Favorite Beverage**

poppi cola drinks

**Favorite Snack / Candy**

pretzels, reeses

**I Love to Receive**

Candles

**I Like to**

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)**