**GETTING TO KNOW OUR ACA TEACHERS**

**YOUR NAME:**  Gabrielle Lattin

**CLASSES/GRADES TAUGHT:**  Teacher’s Aide

**Your Birthday:**  April 20th

**Favorite Color:**  Yellow

**Favorite Candy:**  Nerd clusters or sweet tart ropes

**Favorite Scent:**  Fruity

**Favorite Cookie:**  Any except oatmeal raison

**Favorite Coffee or Tea:**  Coffee – caramel iced coffee with decaf coffee

**Favorite Drink:**  Sprite

**Favorite Restaurant:**  Chick fila

**Favorite Snack:** Cheez It’s

**Favorite Place to Shop:** Bath and Body Works

**Favorite Gift Cards:** Any kind of restaurant

**Favorite Hobby:** Reading

**Favorite Flower:** Sunflower

**Classroom Wish List:** None

**Do you collect anything in particular?** No

**Is there anything that you prefer not to receive, are allergic to, or simply have too much of?** No caffeine

**Is there anything else that you would like us to know about you?** No