

Name:

Date:

GET TO KNOW YOU

Give a check mark to your answer.

- | | | | | |
|--------------------------|-------------|----|-------------|--------------------------|
| <input type="checkbox"/> | phone call | or | text | <input type="checkbox"/> |
| <input type="checkbox"/> | indoors | or | outdoors | <input type="checkbox"/> |
| <input type="checkbox"/> | cupcakes | or | cookies | <input type="checkbox"/> |
| <input type="checkbox"/> | paper books | or | audio books | <input type="checkbox"/> |
| <input type="checkbox"/> | beach | or | mountain | <input type="checkbox"/> |
| <input type="checkbox"/> | ice cream | or | gelato | <input type="checkbox"/> |
| <input type="checkbox"/> | sweet | or | salty | <input type="checkbox"/> |
| <input type="checkbox"/> | chocolate | or | matcha | <input type="checkbox"/> |
| <input type="checkbox"/> | tea | or | coffee | <input type="checkbox"/> |
| <input type="checkbox"/> | spicy | or | mild | <input type="checkbox"/> |
| <input type="checkbox"/> | playground | or | library | <input type="checkbox"/> |
| <input type="checkbox"/> | summer | or | winter | <input type="checkbox"/> |