



FREE PRINTABLE • FOR ROOM PARENTS AND PARENT GROUPS

Teacher Favorites, Kindly Asked

A one-teacher favorites form for a class gift, and a staff-wide survey with a private collection plan — every question optional.

2

FORMS

1

TALLY SHEET

7

PAGES

WHAT'S INSIDE

- Which form, and how to ask
- A Few of My Favorites (one teacher)
- Room parent's private notes
- Staff appreciation survey
- Collection plan
- Numbered tally sheet

US LETTER • PRINT AT 100% • FREE FOR SCHOOL AND FAMILY USE

BOBOTEMP

Ask Kindly, Keep It Private



Which form to use, and the questions that never belong on one

FORM	WHO SENDS IT	USE IT FOR
A Few of My Favorites	A room parent, to one teacher	Planning one class gift that the teacher will actually use
Staff Appreciation Survey	The parent group, to all staff	Planning a whole week: food, drinks, notes, supplies, time

GOOD PRACTICE

- Make every question optional and say so at the top.
- Return answers through the school's usual channel — the class folder, the office — not personal phones or emails.
- Share answers only with the people planning the gift, and only as the teacher chose.
- Keep the forms in one folder; shred them when the gift or the week is done.

NEVER ASK

- Medical details or the reason behind a food preference.
- Age, birthday, family, home address or personal contact details.
- Anything that would be awkward if a parent read it aloud.

IF THE ANSWER IS "NO GIFTS"

A teacher who ticks "Please, no gifts" means it: a class card or student notes are the right answer.

A NOTE TO SEND WITH THE FORM

Hi! A few families would like to give you a thank-you from the class. If you are happy to, could you fill in the attached page — every question is optional — and send it back in the envelope by the date at the bottom? If you would rather not receive gifts, just tick that box; we will make sure the children's notes reach you either way.

A Few of My Favorites



For our teacher · tick what you like, skip what you don't

Our class would like to say thank you this year. Everything on this page is optional — answer only what you are happy to share, and return it through the class folder or the school office in the envelope provided. We will share it only with the families helping plan the class gift.

DRINKS AND TREATS

- | | |
|--|--|
| ☐ Coffee | ☐ Sparkling water |
| ☐ Tea | ☐ I prefer no food or drink gifts |
| ☐ Hot chocolate | |

Favorites or brands you enjoy (optional)

FOR THE CLASSROOM

- | | |
|--|--|
| ☐ Books for the class library | ☐ Pens, markers or sticky notes |
| ☐ Art supplies | ☐ Games for indoor recess |

A wish list you already share with families, or one item you would love (optional)

SMALL THINGS YOU ENJOY

- | | |
|--|--|
| ☐ Plants or flowers | ☐ Notebooks or stationery |
| ☐ Candles or soaps | ☐ Gift cards, if the school allows them |

Anything else (optional)

FOOD NOTES

Anything we should avoid in food gifts? You do not need to say why.

GIFT PREFERENCES

- | | |
|--|--|
| ☐ Handwritten notes are my favorite | ☐ A donation to the classroom |
| ☐ One shared class gift instead of many | ☐ Please, no gifts — notes are plenty |

Return by (date):

Room Parent's Private Notes



Keep this with the returned form; not for sharing

CLASS

RETURNED ON

WHAT THE TEACHER CHOSE OR ASKED FOR

FOODS TO AVOID (AS WRITTEN — NO GUESSES)

IDEA	COST RANGE	WHO IS HELPING

DECISION AND NEXT STEP

☐

 Shred the returned form after the gift is given.

Staff Appreciation Survey

For every adult who works at our school · all questions optional



The parent group is planning Teacher & Staff Appreciation Week and would like to make it useful to you. Every question is optional. Return this in the sealed box in the office by the date below. Answers are kept by the planning team and shared only as you choose.

YOUR ROLE (OPTIONAL)

- | | |
|--|---|
| ☐ Classroom teacher | ☐ Office, health or support staff |
| ☐ Specialist teacher | ☐ Facilities, food service or transportation |
| ☐ Paraprofessional / aide | ☐ Prefer not to say |

BREAKFAST, LUNCH AND TREATS

- | | |
|---|---|
| ☐ I will join a staff breakfast or lunch | ☐ Please plan a gluten-free option |
| ☐ Please plan a vegetarian option | ☐ I prefer not to receive food |

Foods to avoid for you (no reason needed)

WHAT WOULD ACTUALLY HELP

- | | |
|---|---|
| ☐ A coffee or drink station | ☐ Notes from students and families |
| ☐ Covered duty or recess (arranged with the principal) | ☐ Something else |
| ☐ Supplies for my room or area | |

Your top three, in order

WHO MAY SEE YOUR ANSWERS?

- ☐ Yes — my room parents may see my answers
- ☐ Only the planning team may see them
- ☐ Please keep them anonymous (no name below)

NAME (OPTIONAL)

RETURN BY

Collecting the Survey

Six steps that keep staff answers private



- 1 ASK FIRST**
Share the survey with the principal or office before sending it; follow the school's gift and food policies.
- 2 SEND IT THE SCHOOL'S WAY**
Use staff mailboxes or the school's usual channel. Do not ask for phone numbers, personal emails or home addresses.
- 3 COLLECT PRIVATELY**
A sealed box in the office, with a return date. One planning-team member opens it.
- 4 NUMBER, NOT NAME**
Give each returned form a number; the tally uses numbers. Keep the forms in one folder.
- 5 SHARE ONLY BY PERMISSION**
Pass answers to room parents only where the box "my room parents may see my answers" is ticked.
- 6 SHRED AFTERWARDS**
After the week, shred the forms and delete any typed tally.

SENT ON _____

BOX OPENS _____

SHRED BY _____

Staff Survey Return Box

Please drop your folded survey here. One member of the planning team opens this box; answers stay private.

Survey Tally (by Number)

One row per returned form; no names on this sheet

[illegible]