



Fact Sheet

Instructions: Fill in the blanks as completely as possible.

Today's date: _____

My first and last name: _____

My home address: _____

People who live with me:

Name

Age

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

My age: _____ My hair color: _____ My eye color: _____

My school: _____

My teachers at school: _____

My best friend: _____

My pet(s): _____

My favorite food: _____

My favorite song or singer: _____

My favorite color: _____ My favorite sport: _____

My favorite book: _____