

Name: MOIRA JACOBS Birthday 10-5

Please let us know your favorite:

Restaurant:

Magazine:

Dessert: *anything chocolate*

Snack: *anything!*

Song:

Movie:

Hobbies: *cooking,*

Flower: *tulips*

Color: *pink*

Candy: *anything*

Day Off Activity: *spending time w/ family*

Coffee: *I'm not a coffee drinker*

Place to visit (close by):

Place to shop:

Holiday:

Do you have any pets? *NO*

What do you do to de-stress?

Please finish these thoughts:

My classroom needs:

If I had an extra pair of hands in the classroom for 30 minutes each day, I would keep those hands busy by:

Email: *moira.jacobs @ ucps.k12.nc.us*