



UPSTATE CEREBRAL
PALSY

Pen Pal Project



Name:

Nicknames:

Age:

Eye Color:

Hair Color:

Where did you grow up?

Who do you live with?

Are you currently employed? If so, what do you do?

Do you have siblings? If so, how many?

Do you own any pets? If so, what kind and their names:

If you could meet anyone who would it be?

Where would you like to visit?

What is your favorite food?

Do you collect anything? If so, what?

Five bands/singers you listen to:

- 1.
- 2.
- 3.
- 4.
- 5.

Five movies you love:

- 1.
- 2.
- 3.
- 4.
- 5.

Five activities you enjoy doing:

- 1.
- 2.
- 3.
- 4.
- 5.

Five things that make you happy:

- 1.
- 2.
- 3.
- 4.
- 5.

Five things you want to do:

- 1.
- 2.
- 3.
- 4.
- 5.

Describe yourself in 3 words:

- 1.
- 2.
- 3.