



**Task:** Choose a partner at your table and interview them. Afterwards, you will introduce them to others at your table.

<b>Partner Name</b>	
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What School and District are they from?	What is their role at their school/district?	
<hr/> <hr/> <hr/>	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> District Personnel <input type="checkbox"/> Superintendent	<input type="checkbox"/> Coach <input type="checkbox"/> Department Head <input type="checkbox"/> Other: <hr/>

What are their hobbies and interests? (List details in the space below)				
Art	Sports	Domestic	Media	Misc
<input type="checkbox"/> Music <input type="checkbox"/> Visual <input type="checkbox"/> Performance <input type="checkbox"/> Sewing/Knitting <input type="checkbox"/> Other Art	<input type="checkbox"/> Nature (Hiking, etc) <input type="checkbox"/> Snow Sports <input type="checkbox"/> Team Sports <input type="checkbox"/> Running <input type="checkbox"/> Gym/Crossfit <input type="checkbox"/> Other Sport	<input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Gardening <input type="checkbox"/> Home Improvement <input type="checkbox"/> Home Brewing <input type="checkbox"/> Other Domestic	<input type="checkbox"/> Books <input type="checkbox"/> TV <input type="checkbox"/> Film <input type="checkbox"/> Podcasts <input type="checkbox"/> Other Media	<input type="checkbox"/> Technology <input type="checkbox"/> Politics <input type="checkbox"/> Games (Board/RPG) <input type="checkbox"/> Collecting <input type="checkbox"/> Other
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

Ask your partner to describe him/herself in one or two sentences
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Notes
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**Task:** Choose a partner at your table and interview them. Afterwards, you will introduce them to others at your table.

<b>Your Name</b>		<b>Date</b>	
<b>Partner Name</b>			

What School and District are they from?	What is their role at their school/district?	
	<input type="checkbox"/> Teacher	<input type="checkbox"/> Department _____
<b>Where were they born?</b>	<input type="checkbox"/> Administrator	<input type="checkbox"/> ELL Cert?
	<input type="checkbox"/> District Personnel	<input type="checkbox"/> SPED Cert?
	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Other Specialties _____
<b>Where do they live now?</b>	<input type="checkbox"/> Coach	
	<input type="checkbox"/> Department Head	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Check if NOT currently in the classroom

What are their hobbies and interests? (List details in the space below)				
Art	Sports	Domestic	Media	Misc
<input type="checkbox"/> Music (Electronic)	<input type="checkbox"/> Hiking	<input type="checkbox"/> Cooking	<input type="checkbox"/> Books	<input type="checkbox"/> Technology
<input type="checkbox"/> Music (Vocal)	<input type="checkbox"/> Camping	<input type="checkbox"/> Baking	<input type="checkbox"/> Sci-Fi	<input type="checkbox"/> Politics
<input type="checkbox"/> Music (Classical)	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Classics	<input type="checkbox"/> Games (Board)
<input type="checkbox"/> Music (Other)	<input type="checkbox"/> Skiing (Downhill)	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Non-Fiction	<input type="checkbox"/> Games (RPG)
<input type="checkbox"/> Painting/Drawing	<input type="checkbox"/> Skiing (Nordic)	<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Other	<input type="checkbox"/> Collecting
<input type="checkbox"/> Sculpting	<input type="checkbox"/> Baseball	<input type="checkbox"/> Home Brewing	<input type="checkbox"/> TV	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Dance	<input type="checkbox"/> Basketball	<input type="checkbox"/> Home Decorating	<input type="checkbox"/> Network	<input type="checkbox"/> Geocaching
<input type="checkbox"/> Visual (Other)	<input type="checkbox"/> Football	<input type="checkbox"/> Other Domestic	<input type="checkbox"/> Netflix/Binge	<input type="checkbox"/> Historical
<input type="checkbox"/> Acting	<input type="checkbox"/> Soccer	_____	<input type="checkbox"/> Film	<input type="checkbox"/> Reenactment
<input type="checkbox"/> Performance (Other)	<input type="checkbox"/> Volleyball	_____	<input type="checkbox"/> Sci-Fi/Action	<input type="checkbox"/> Magic
<input type="checkbox"/> Sewing	<input type="checkbox"/> Running (Marathon)		<input type="checkbox"/> Classics	<input type="checkbox"/> Yo-yo
<input type="checkbox"/> Knitting	<input type="checkbox"/> Running (General)		<input type="checkbox"/> Documentary	<input type="checkbox"/> Scale Modeling
<input type="checkbox"/> Quilting	<input type="checkbox"/> Weight Training		<input type="checkbox"/> Comedy	<input type="checkbox"/> Travel (Domestic)
<input type="checkbox"/> Crafts	<input type="checkbox"/> Crossfit		<input type="checkbox"/> Podcasts	<input type="checkbox"/> Travel (International)
<input type="checkbox"/> Other Art: _____	<input type="checkbox"/> Other Sport _____		<input type="checkbox"/> Blogs	<input type="checkbox"/> Other _____
			<input type="checkbox"/> Other Media _____	_____

**Ask your partner to describe him/herself. What are their likes/dislikes? Important Facts? Dietary Restrictions?**

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Have they ever taken a Meyers-Briggs Test?	What was their result?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ISTJ <input type="checkbox"/> ISFJ	<input type="checkbox"/> ESTP <input type="checkbox"/> ESFP
Do they identify with their result?	<input type="checkbox"/> INFJ <input type="checkbox"/> INTJ	<input type="checkbox"/> ENFP <input type="checkbox"/> ENTP
<hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> ISTP <input type="checkbox"/> ISFP <input type="checkbox"/> INFP <input type="checkbox"/> INTP	<input type="checkbox"/> ESTJ <input type="checkbox"/> ESFJ <input type="checkbox"/> ENFJ <input type="checkbox"/> ENTJ

Do they know their zodiac sign?			What is their sign?		
			Sun	Moon	Rising
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Maybe	<input type="checkbox"/> Aquarius <input type="checkbox"/> Pisces	<input type="checkbox"/> Aquarius <input type="checkbox"/> Pisces	<input type="checkbox"/> Aquarius <input type="checkbox"/> Pisces
How does this affect their personality?			<input type="checkbox"/> Aries	<input type="checkbox"/> Aries	<input type="checkbox"/> Aries
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Taurus	<input type="checkbox"/> Taurus	<input type="checkbox"/> Taurus
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Gemini	<input type="checkbox"/> Gemini	<input type="checkbox"/> Gemini
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cancer
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Leo	<input type="checkbox"/> Leo	<input type="checkbox"/> Leo
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Virgo	<input type="checkbox"/> Virgo	<input type="checkbox"/> Virgo
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Libra	<input type="checkbox"/> Libra	<input type="checkbox"/> Libra
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Scorpio	<input type="checkbox"/> Scorpio	<input type="checkbox"/> Scorpio
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Sagittarius	<input type="checkbox"/> Sagittarius	<input type="checkbox"/> Sagittarius
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Capricorn	<input type="checkbox"/> Capricorn	<input type="checkbox"/> Capricorn

<b>Estimated Time to Complete</b>		<b>Your Initials</b>	
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