

# Guessing Game

Please choose four of the following pieces of information and write the information down in the blank space. This information will be shared with the group. Please write your name on this handout.

> Name *(For the educator's eyes only)*: \_\_\_\_\_

> First Letter of your First Name: \_\_\_\_\_

> The Month you Were Born in: \_\_\_\_\_

> Where You Live: \_\_\_\_\_

> The Name of One of your Parents/Guardians or Another Important Adult in your Life: \_\_\_\_\_

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> Your Favorite Movie: \_\_\_\_\_

> Your Favorite Food: \_\_\_\_\_

> Your Greatest Fear: \_\_\_\_\_

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