| Name: | Date: |
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| Name: | Date. |

| Things I like! |            |              |       |  |
|----------------|------------|--------------|-------|--|
| food           | toys/games | movies/shows | books |  |
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| Things I <u>DO NOT</u> like! |            |              |       |  |
|------------------------------|------------|--------------|-------|--|
| food                         | toys/games | movies/shows | books |  |
|                              |            |              |       |  |
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| Name: | Date: |
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