Name: _____ Age: _____

WHAT'S YOUR FAVORITE...?

Shape: _____
Number: _____
Letter: _____
Color: _____
Food: _____
Dessert: _____
Holiday: _____
Month: _____
Season: _____
Day of the Week: _____
Body Part: _____
Room in the House: _____
Dinner: _____
Breakfast: _____
Snack: _____
Ice Cream Flavor: _____
Vegetable: _____
Fruit: _____
Pizza Topping: _____
Book: _____
Movie: _____
YouTube Channel: _____
Subject in School: _____
Teacher: _____
Flower: _____
Snow Day Activity: _____
Dog Breed: _____
Restaurant: _____
Amusement Park Ride: _____

Game: _____
TV show: _____
Brand: _____
Outfit: _____
Animal: _____
Song: _____
Christmas Song: _____
Christmas Present: _____
Toy: _____
Sound: _____
Smell: _____
Taste: _____
Perfect Day: _____
Vacation: _____
Family Memory: _____
City: _____
Car: _____
Store: _____
Job: _____
Singer: _____
Actor/Actress: _____
Drink: _____
Cereal: _____
Summer Activity: _____
Time of Day: _____
Superhero: _____
Popsicle Flavor: _____
Rainy Day Activity: _____
Candy: _____

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LIVEWORKSHEETS