

Name:

Date:

THE STORY OF YOU

You can write or draw your story!

In the boxes below, share your story! What important events have happened in your life? What are your strongest memories? What hobbies or passions are important to you?

Where were you born?

When I was little....

My biggest struggle has been....

My biggest success has been....

I find it hard to....

My favourite thing to do is...

I hope that....