MY 2020 COVID-19 TIME CAPSULE
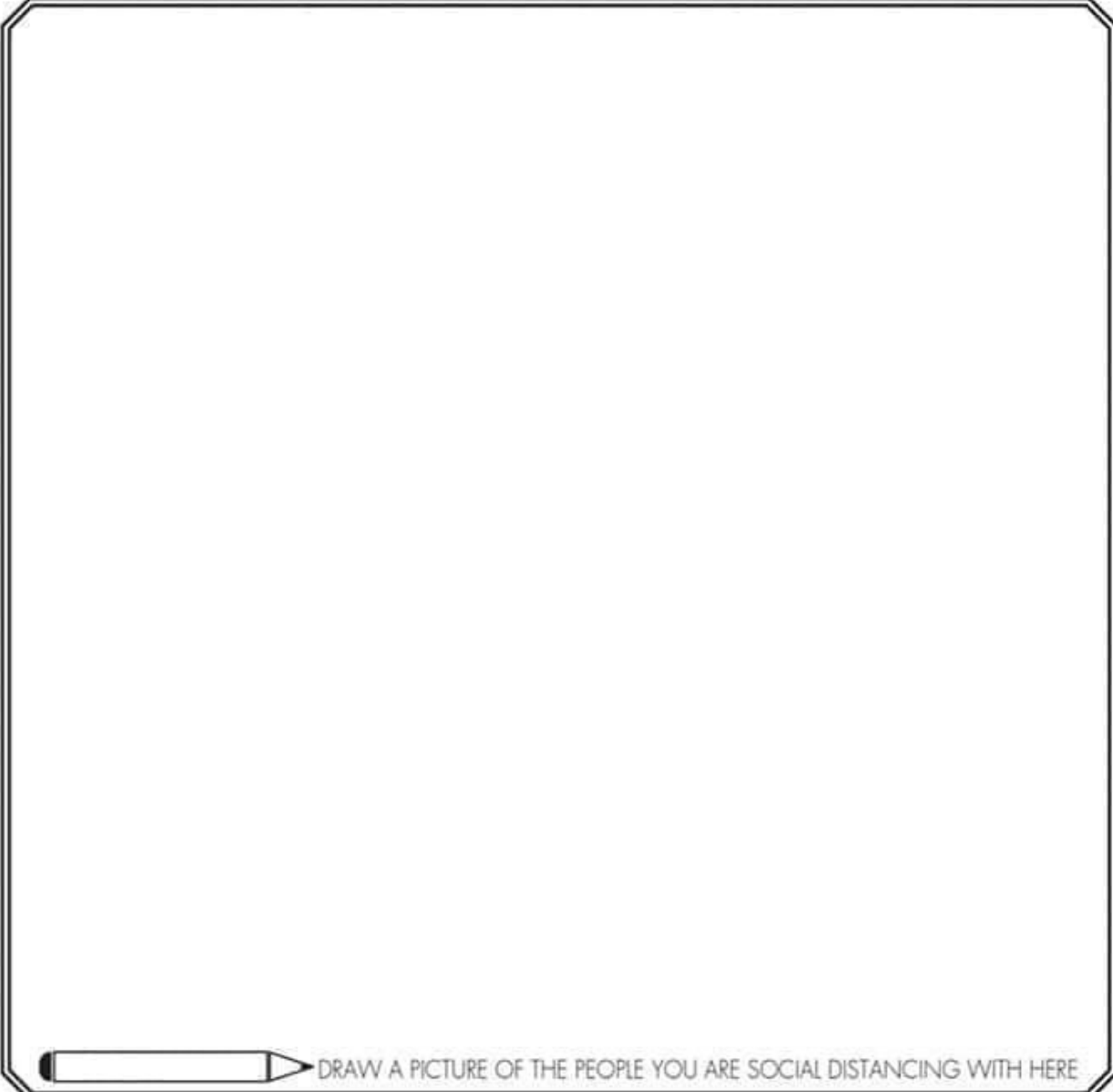
BY: _____

YOU ARE LIVING THROUGH HISTORY RIGHT NOW

TAKE A MOMENT TO FILL IN THESE PAGES FOR YOUR FUTURE SELF TO LOOK BACK ON. AND HERE ARE SOME OTHER IDEAS OF THINGS TO INCLUDE:

- ☐ SOME PHOTOS FROM THIS TIME
- ☐ A JOURNAL OF YOUR DAYS
- ☐ LOCAL NEWSPAPER PAGES OR CLIPPING
- ☐ ANY ART WORK YOU CREATED
- ☐ FAMILY / PET PICTURES
- ☐ SPECIAL MEMORIES

DRAW A PICTURE OF THE PEOPLE YOU ARE SOCIAL DISTANCING WITH HERE

MY COMMUNITY
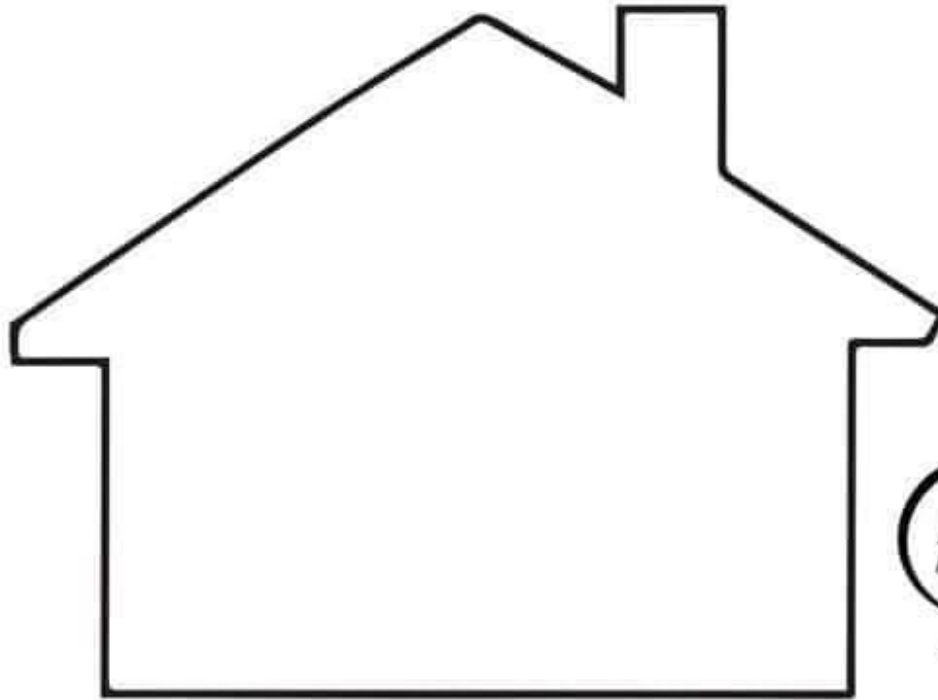
COLOUR THIS HOUSE TO LOOK LIKE YOURS
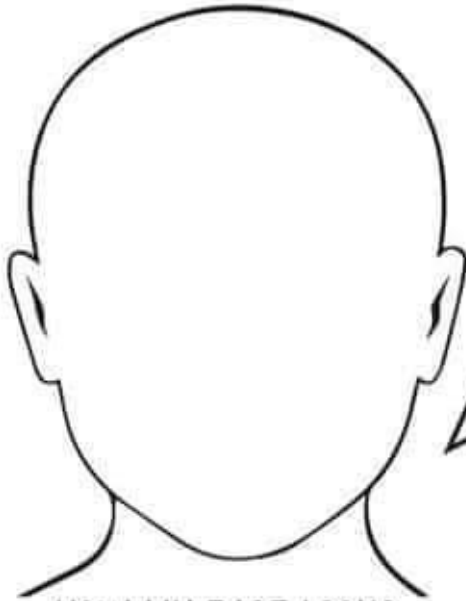
WHERE I AM LIVING DURING THIS TIME:

WHAT THINGS ARE YOU DOING TO HELP FEEL CONNECTED/HAVE FUN OUTSIDE (e.g hearts in windows, chalk notes on sidewalk, etc)

_____

_____

_____

_____

HOW ARE YOU CONNECTING WITH OTHERS?

_____

HOW I'M FEELING

WORDS TO DESCRIBE HOW I FEEL:

HOW MY FACE LOOKS

☺ ☺ ☺ ☹ ☹

WHAT I HAVE LEARNT MOST FROM THIS EXPERIENCE:

_____

_____

_____

_____

I AM MOST THANKFUL FOR

_____

_____

THE 3 THINGS I AM MOST EXCITED TO DO WHEN THIS IS OVER:

1 _____

_____

_____

2 _____

_____

_____

3 _____

_____

_____

ALL ABOUT ME

I AM _____ YEARS OLD

I STAND _____ INCHES TALL

I WEIGH _____ POUNDS

SHOE SIZE

MY FAVOURITES

TOY: _____

COLOUR: _____

ANIMAL: _____

FOOD: _____

SHOW: _____

MOVIE: _____

BOOK: _____

ACTIVITY: _____

PLACE: _____

SONG: _____

MY BEST FRIEND/S:

_____

_____

_____

WHEN I GROW UP I WANT TO BE:

_____

_____

DATE: _____

OUR HANDPRINTS

PRINT THE HANDS OF ALL THE PEOPLE LIVING IN YOUR HOME
(IN DIFFERENT COLOURS) AND PLACE YOUR HANDS HERE

SPECIAL OCCASIONS

WHAT OCCASIONS DID YOU CELEBRATE DURING THIS TIME?
WRITE THE LIST DOWN HERE AND WHAT YOU DID TO CELEBRATE
(E.G. ST. PATRICK'S DAY, EASTER, BIRTHDAYS, ANNIVERSARIES)

EVENT	DATE	HOW YOU CELEBRATED

FAVOURITE FOOD TO BAKE:_____

FOVOURITE TIME OF DAY: _____

LETTER FROM YOUR PARENTS

_____

DEAR, _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

LOVE, _____

LETTER TO MYSELF

_____

DEAR, _____

_____

_____

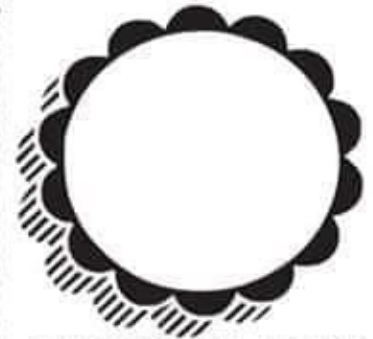_____

_____

_____

_____

_____

_____

_____

_____

_____

LOVE, _____

INTERVIEW YOUR PARENTS

WHAT HAS BEEN THE BIGGEST CHANGE?

HOW ARE YOU FINDING HOMESCHOOLING?

DAYS SPENT INSIDE

HOW ARE YOU FEELING?

YOUR TOP 3 MOMENTS FROM THIS EXPERIENCE:

1. _____

2. _____

3. _____

WHAT ACTIVITIES/HOBBIES HAVE YOU MOST ENJOYED DOING?

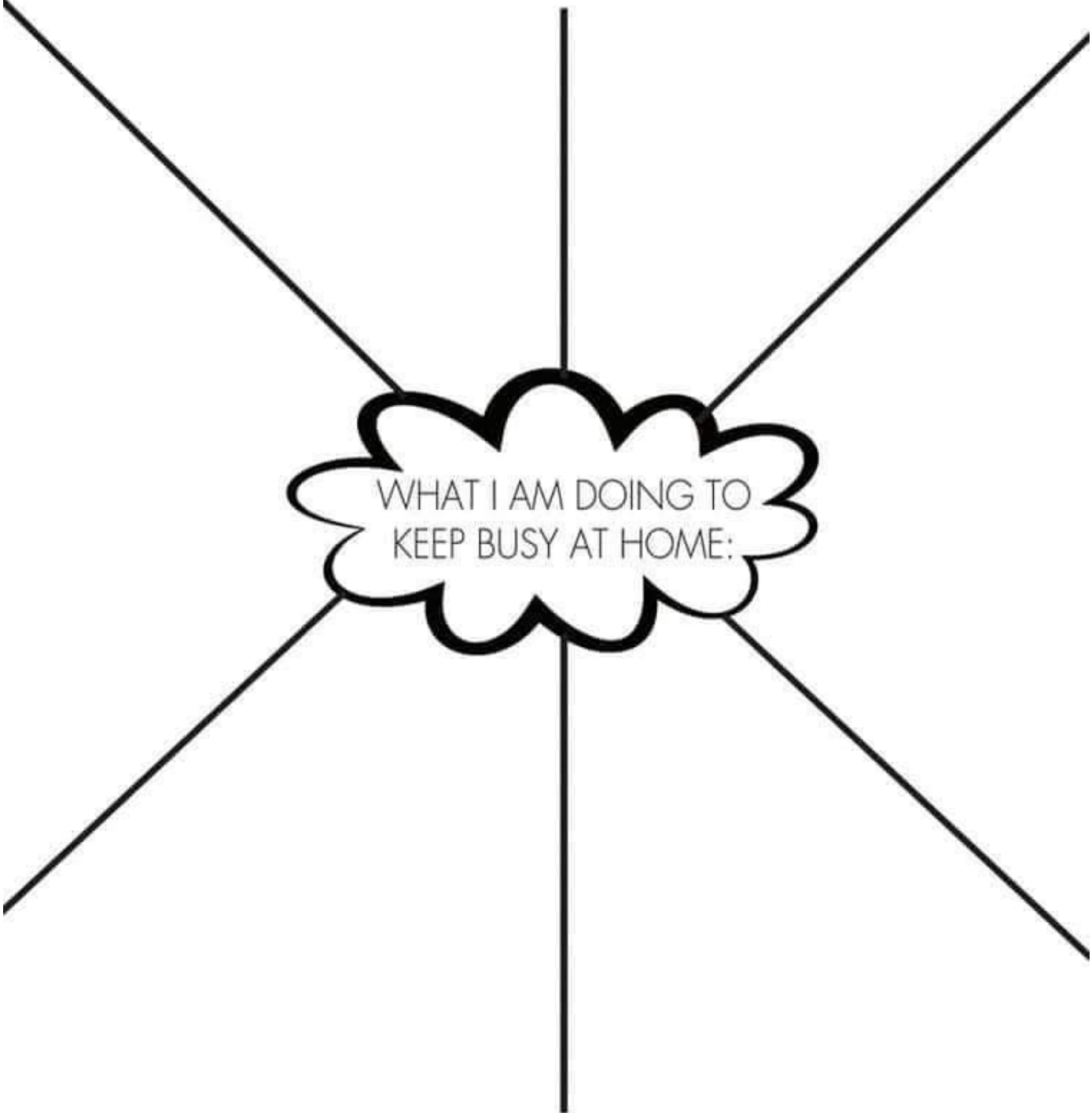**WHAT ARE YOU MOST THANKFUL FOR?**

WHAT TV SHOW YOU WATCHED : _____

YOUR NEW FOUND FAVOURITE INSIDE FAMILY ACTIVITY:

_____

FAVOURITE FOOD TO BAKE: _____

FOVOURITE TIME OF DAY: _____

GOAL/S FOR AFTER THIS:

YOU ARE NOT STUCK AT HOME,
YOU ARE SAFE AT HOME!

WHAT I AM DOING TO
KEEP BUSY AT HOME: