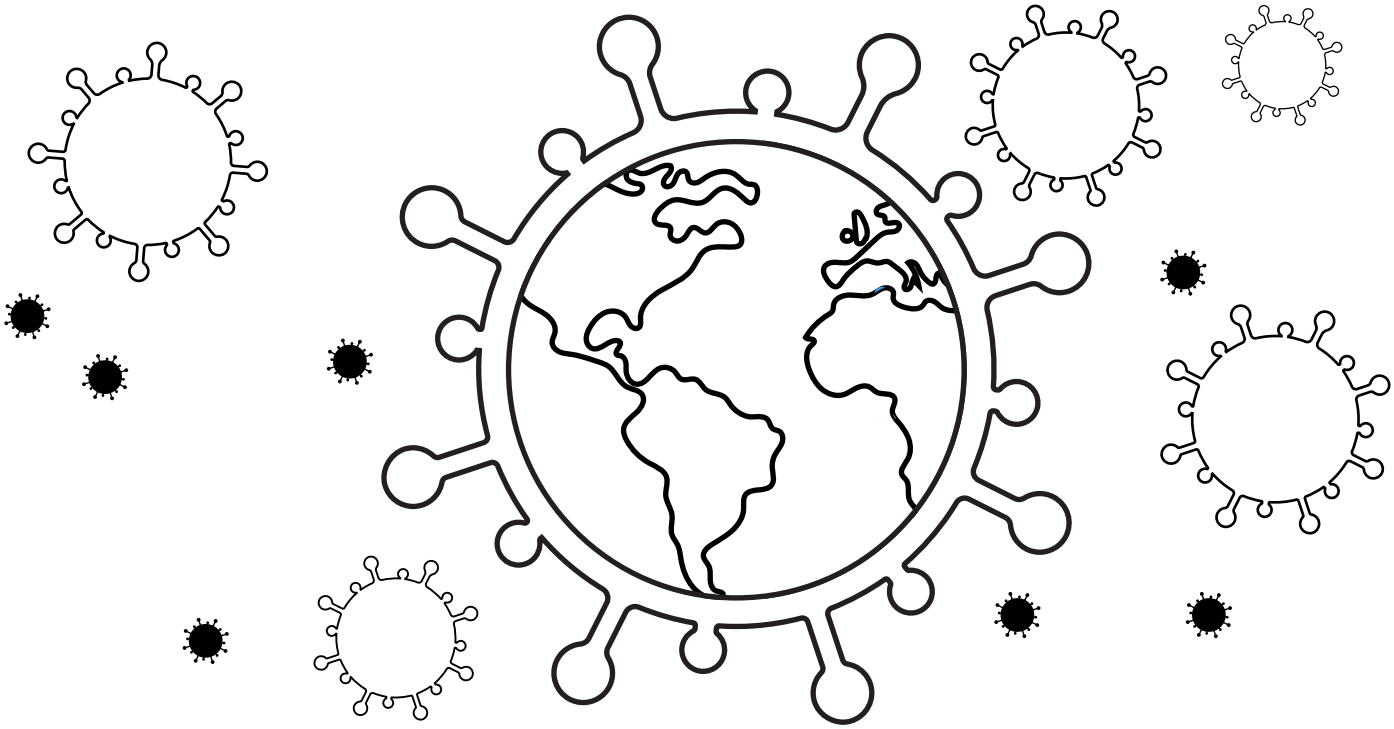
MY 2020 COVID-19 TIME CAPSULE



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

ALL ABOUT ME

I AM

YEARS OLD

I STAND

INCHES TALL

I WEIGH

POUNDS

SHOE SIZE

MY FAVORITES

TOY: _____

COLOR: _____

ANIMAL: _____

FOOD: _____

SHOW: _____

MOVIE: _____

BOOK: _____

ACTIVITY: _____

PLACE: _____

SONG: _____

MY BEST FRIEND/S:

_____

_____

_____

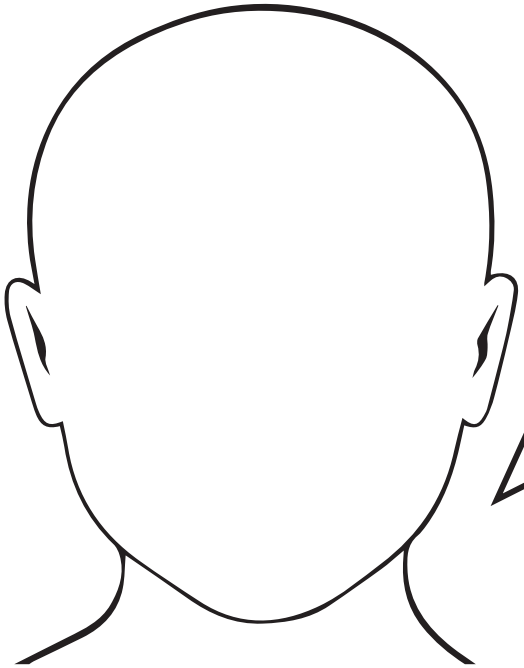
WHEN I GROW UP I WANT TO BE:

_____

_____

DATE:

HOW I'M FEELING



WORDS TO DESCRIBE HOW I FEEL:

HOW MY FACE LOOKS

WHAT I HAVE LEARNED MOST FROM THIS EXPERIENCE:

I AM MOST THANKFUL FOR

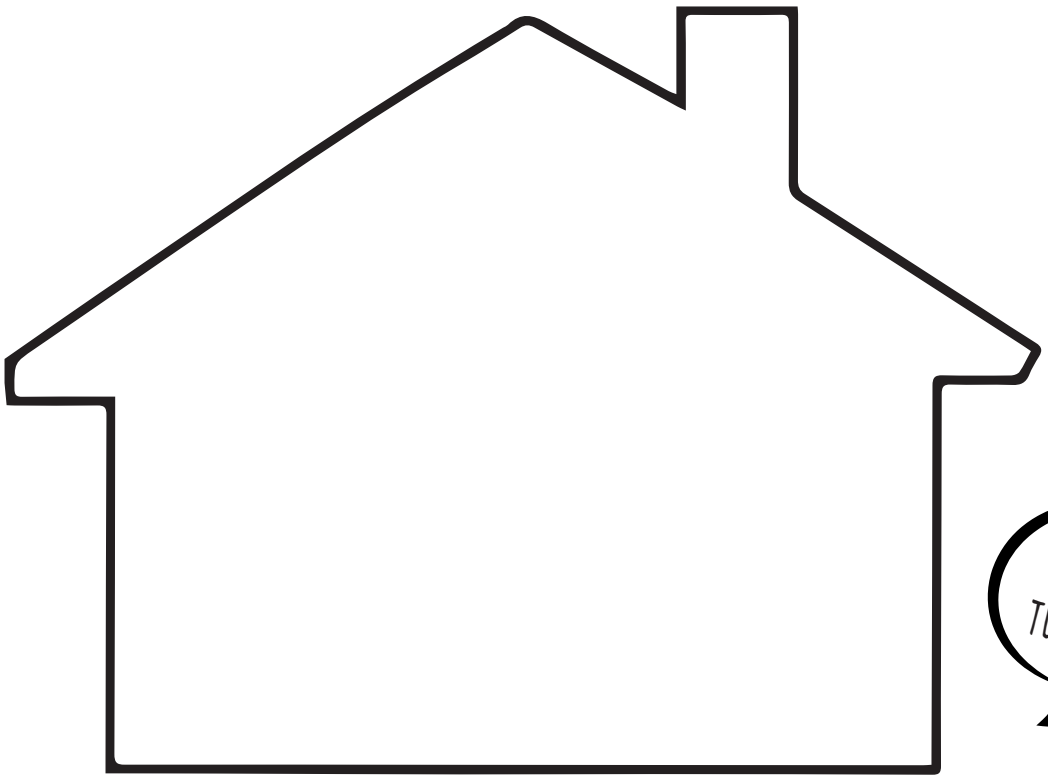
THE 3 THINGS I AM MOST EXCITED TO DO WHEN THIS IS OVER:

1

2

3

MY COMMUNITY



COLOR 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?

_____

OUR HANDPRINTS

PRINT THE HANDS OF ALL THE PEOPLE LIVING IN YOUR HOME
(IN DIFFERENT COLORS) 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

INTERVIEW YOUR HOUSEHOLD

WHAT HAS BEEN THE BIGGEST CHANGE?

HOW ARE YOU FINDING eLEARNING?

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 FAVORITE INSIDE HOUSEHOLD ACTIVITY:

_____

FAVORITE FOOD TO BAKE: _____

FAVORITE TIME OF DAY: _____

GOAL/S FOR AFTER THIS: