



Name:

Date:

The Story of you...

You can write or draw your story!

In the boxes below, share a 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....

I find it hard to....

My favourite thing to do is...

I'm glad that...

My biggest success has been....

I hope that....