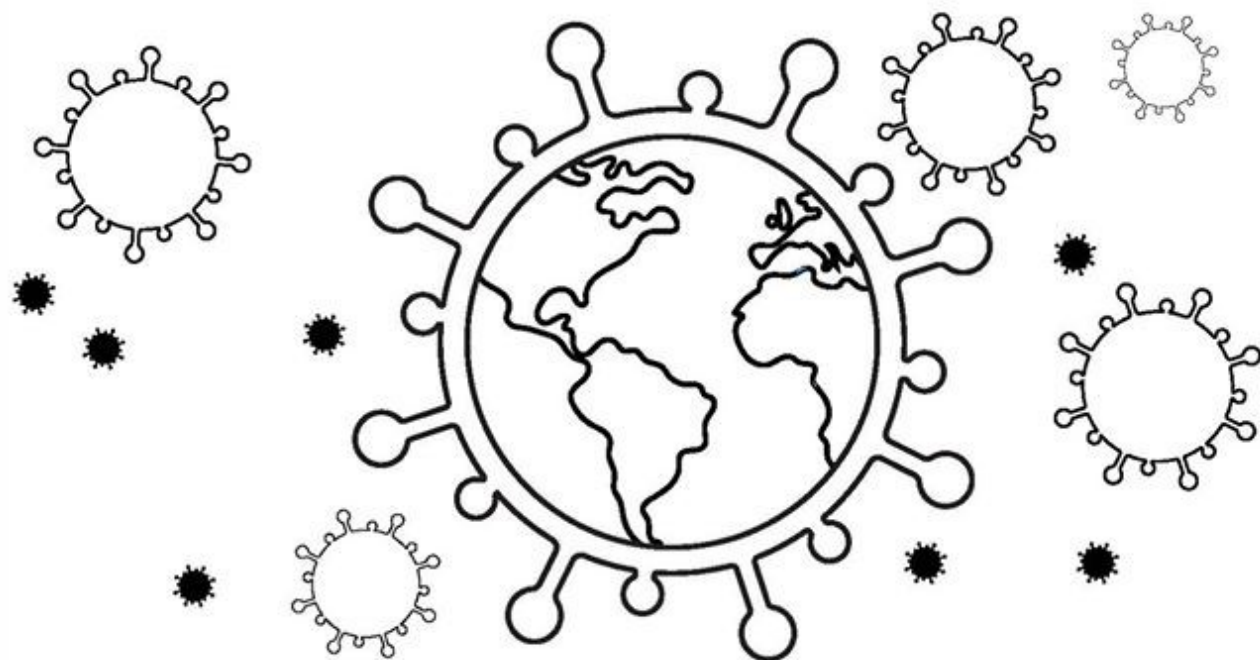


# MY 2020 COVID-19 TIME CAPSULE



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:

- |  |   |
|--|---|
| <input type="checkbox"/> SOME PHOTOS FROM THIS TIME        | <input type="checkbox"/> ANY ART WORK YOU CREATED |
| <input type="checkbox"/> A JOURNAL OF YOUR DAYS            | <input type="checkbox"/> FAMILY / PET PICTURES    |
| <input type="checkbox"/> LOCAL NEWSPAPER PAGES OR CLIPPING | <input type="checkbox"/> 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

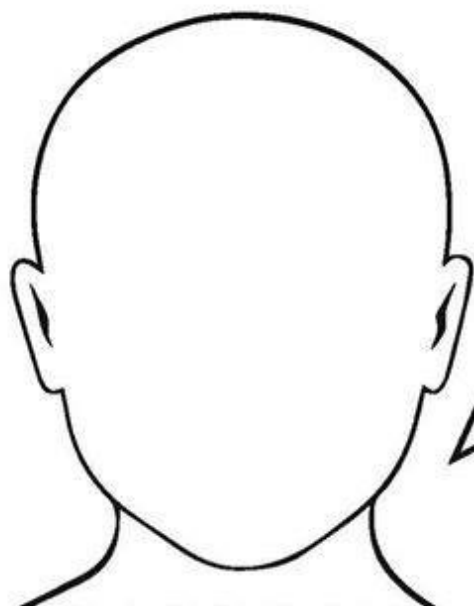
WHEN I GROW UP I WANT TO BE:

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

# HOW I'M FEELING



HOW MY FACE LOOKS



I AM MOST THANKFUL FOR

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WORDS TO DESCRIBE HOW I FEEL:

WHAT I HAVE LEARNED MOST  
FROM THIS EXPERIENCE:

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

1

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2

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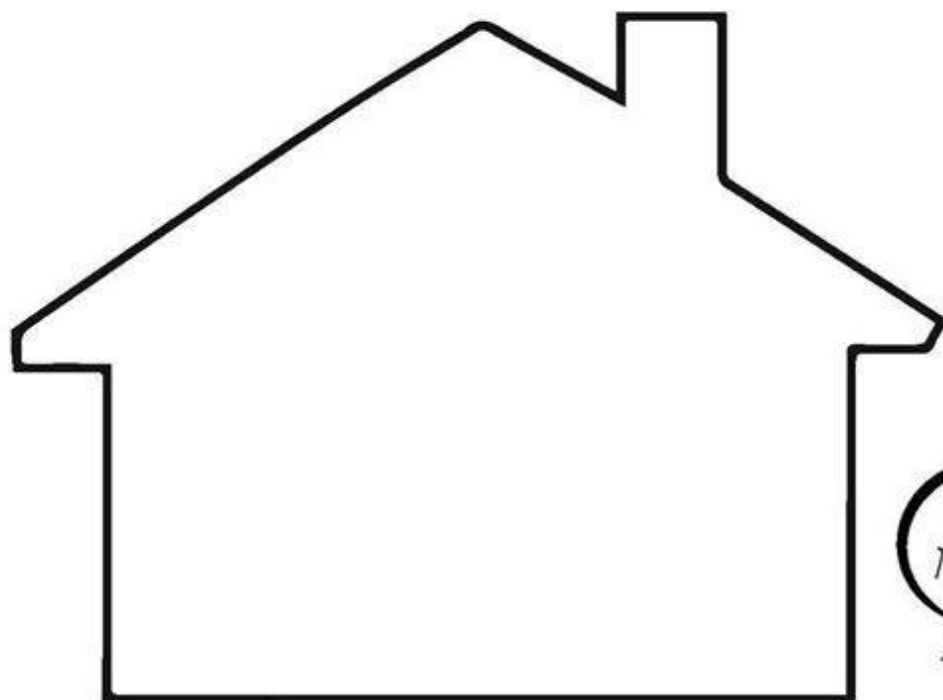
3

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# 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)

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HOW ARE YOU CONNECTING WITH OTHERS?



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



WHAT I AM DOING  
TO KEEP BUSY:

# 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



# LETTER TO MYSELF

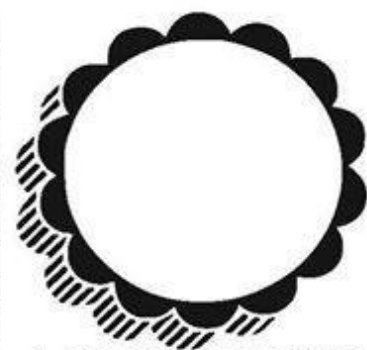
DEAR,

LOVE,

# INTERVIEW YOUR HOUSEHOLD

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 FAVORITE INSIDE HOUSEHOLD ACTIVITY:

FAVORITE FOOD TO BAKE: \_\_\_\_\_

FAVORITE TIME OF DAY: \_\_\_\_\_

GOAL/S FOR  
AFTER THIS:

# LETTER FROM YOUR HOUSEHOLD

DEAR,

LOVE,