

Name:

Date:

# THE STORY OF YOU



You can write & 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?

My personality is ....

When I was little ....

My biggest struggle has been ....

My biggest success has been ....

Things I love are ....

My favorite thing to do is ...

I hope that ....