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
How I'm Feeling

Words to describe how I feel:

What I have learnt most from this experience:

I am most thankful for:

1. 

2. 

3. 

The 3 things I am most excited to do when this is over:

1. 

2. 

3. 

Pages by Long Creations
MY COMMUNITY

WHERE I AM LIVING DURING THIS TIME:

COLOUR THIS HOUSE TO LOOK LIKE YOURS

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?

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

WHAT I AM DOING TO
KEEP BUSY AT HOME:
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).

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>How You Celebrated</th>
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INTERVIEW YOUR PARENTS

WHAT HAS BEEN THE BIGGEST CHANGE?

HOW ARE YOU FINDING HOMESCHOOLING?

DAYS SPENT INSIDE

YOUR TOP 3 MOMENTS FROM THIS EXPERIENCE:
1. __________________________
2. __________________________
3. __________________________

WHAT ACTIVITIES/HOBIES 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: _______________________

FAVOURITE TIME OF DAY: _______________________

GOAL/S FOR AFTER THIS:

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