MY COVID-19 TIME CAPSULE

My Name: _____

My City: _____

My School: _____

My Age: _____

Interview

How many days have you spent staying at home?

What TV show did you watch?

What are your top three moments from this experience?

1.

2.

3.

What are you most thankful for?

What activities/hobbies have your enjoyed doing?

What is your favorite inside activity?

What is your favorite food to make?

What is your favorite time of day?

What is your goal after this ends?

My Community

Describe how your living arrangements have changed since living though the COVID-19 pandemic.

_____
_____
_____
_____
_____
_____

What new hobbies have your taken up?

_____
_____
_____
_____

What are you doing to feel connected to others?

_____
_____
_____
_____

List five things you are doing at home to keep busy:

1._____
2._____
3._____
4._____
5._____

What special occasions/events passed during the time of COVID-19?

What was different about them?

My COVID-19 Photo Album

Photo Description:

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Photo Description:

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Photo Description:

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My COVID-19 Photo Album

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My Journal

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