



My Life Map



Name _____

My Birth

Date of my birth? _____

Day of the week of my birth? _____

Weather on the day of my birth? _____

What would my name have been if I was a boy/girl? _____

How did I get my name? _____

What was happening in the world when I was born? _____

What were the special circumstances of my birth? _____

My Earliest Memory

Where did it happen? _____

When? _____

What happened? _____

Smells _____

Sights _____

My First Day Kindergarten

Teacher _____

School _____

Emotions _____

Sights _____

Sounds _____

Tastes _____

Smells _____

Activities _____

Friends _____

Other details _____

My Future

What do you plan to do after you finish high school? _____

What job do you hope to have? _____

Where would you like to travel? _____

Other plans _____
