

Name:	Year:	Date:	Adult:
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# THE STORY OF YOU



You can write or draw your story!

In the boxes below, share your story! What is important to you? What are your hobbies? What is your dream for the future?

At home I like...

I find it hard to...

Important to me is....

My favourite thing at school is...

People help me by....

My biggest success has been....

I hope that....