Student Name:

Family History Worksheet

Family Member: Date of Story:­

Month/Day/Year

What is your favorite memory about your birthday?

Student Name:

Family History Worksheet

Family Member: Date of Story:­

Month/Day/Year

Do you have a funny story about a family pet?

Student Name:

Family History Worksheet

Family Member: Date of Story:­

Month/Day/Year

When did you learn to drive?

Student Name:

Family History Worksheet

Family Member: Date of Story:­

Month/Day/Year

What was the first thing you learned to cook?

Student Name:

Family History Worksheet

Family Member: Date of Story:­

Month/Day/Year

Do you remember the first thing you bought with your own money?

Student Name:

Family History Worksheet

Family Member: Date of Story:­

Month/Day/Year

What is the first thing you remember watching on TV?