

SAMPLE

# My Halloween Journal



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BY

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YEAR

# About Me

Where I live \_\_\_\_\_  
\_\_\_\_\_

Where I go to school \_\_\_\_\_  
\_\_\_\_\_

I live with my

mom

grandmother

dad

grandfather

sister(s)

brother(s)

dog

cat

fish

hamster



# I'm So Excited About Halloween

How excited

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10
┌ not very excited ─┐				┌ kind of excited ┘┐			┌ crazy excited ┘┐		

What I'm looking forward to

- wearing my costume
- spending time with my friends
- trick or treating
- getting candy
- eating candy
- carving pumpkins
- decorating



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Halloween Preparations



We decorated with

witch(es)

tombstones

skeletons

spider webs

jack o' lanterns

lights

We carved pumpkins

yes

no

Who did it with me \_\_\_\_\_

We bought candy

yes

no

What kind \_\_\_\_\_

My favorite part of getting ready for Halloween is \_\_\_\_\_

\_\_\_\_\_

# My Costume

What I am \_\_\_\_\_

Why I picked this costume \_\_\_\_\_

Where I got my costume

store

from a friend

from a sibling

\_\_\_\_\_ made it for me

Other costumes I considered \_\_\_\_\_

Props to go with my costume \_\_\_\_\_

Will anyone else in my family dress up  mom  dad  sibling

pet(s)

\_\_\_\_\_



Me In My Costume



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# My Friends' Costumes



Name

Costume

Name	Costume



# School Celebration

We have a celebration at school

yes

no

I get to wear my costume to school

yes

no

What we did to celebrate \_\_\_\_\_

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Special snacks \_\_\_\_\_





# Trick or Treating Plans

When \_\_\_\_\_

Where we will trick or treat \_\_\_\_\_

We've gone trick or treating here before

 no yes

Who will go with me \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Trick or Treat!

How I felt when I woke up

it's a regular day

it's going to be a very special day

excited

tired

What I did before we went trick or treating \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weather

sunny

windy

super cold

raining



dark

warm

cold

snowing

\_\_\_\_\_



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# Treats I Got

Types of candy \_\_\_\_\_

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Other things \_\_\_\_\_

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# What I Did After Trick or Treating

- Went home
- Went to a friend's house

Went to a party

Sorted candy

Traded candy

Hid my candy

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Did I eat dinner?

Yes

No

No, I just ate candy!

# Halloween Wrap-Up

Best costume I saw \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Best treat I got \_\_\_\_\_

Worst treat I got \_\_\_\_\_

Best house decorations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did I see any ghosts or monsters

yes

no

maybe





Memories



The BEST part

The WORST part

SAMPLE

Next Year

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# Pictures and Keepsakes

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Pictures and Keepsakes

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