CREATE YOUR OWN IF!

Directions: Answer the question in each of the boxes below to create your own original Imaginary Friend—or IF!

What is your IF’s name? ____________________________________________

You can also name your character last!

What pronouns does your IF use? (circle) he/she/they

You can use these and your IF’s name to describe them below!

What does your IF look like?

Are they human? An animal? Both? What do they wear? Describe your IF with lots of details for those that can’t see them.


Describe your IF:

What is their personality like? Do they have any quirks or funny habits? Share at least one positive trait and one negative trait (no one is perfect!).


Where does your IF live?

In your room? Outside somewhere? Between the couch cushions? A magical land? Somewhere else?


Does your IF have any special talents or powers? Maybe they are a great dancer! Or they can go through walls or be invisible!


What are 3 things you and your IF like to do for fun?

1. __________________________
2. __________________________
3. __________________________

How did you meet your IF?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________
Bonus Details! Choose a few of your favorite questions below and answer them:

What does your IF spend their day doing?
*Do they follow you around? Do they have a favorite place to go? Do they have a job or a hobby?*

What are your IF’s favorite foods?

Is your IF afraid of anything?

What does your IF want more than ANYTHING in the world?

What is your favorite thing about your IF?
*Only you? Your best friend? Your cat or dog?*

Who can see your IF?

What else should we know?

THE STORY YOU HAVE TO BELIEVE TO SEE.
Draw Your IF!

Draw a picture of your IF in the box below. In your picture, try to include as many of the things you brainstormed as you can!

YOUR Name: ____________________________

Your IF’s Name: ____________________________