| Your Name: |  |
|------------|--|
|------------|--|

## Biography Research: Timeline

As you research your person, fill in the timeline below. Use the column on the left to record the date in your person's life. Use the space on the right to record the important historical event that corresponds to the date on the left.

| Subject of Biography:    |  |  |
|--------------------------|--|--|
| Subject of block ability |  |  |

| When (date/year) | What (describe the event) |  |
|------------------|---------------------------|--|
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |
|                  |                           |  |