

Name: _____

Personal Recount Checklist

Orientation

☐	When? 	☐	Who? 	☐	Did What? 	☐	Where? 
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Sequence of Events

☐	1.
☐	2.
☐	3.
☐	4.

Conclusion

☐	Final event	OR	☐	Feeling	OR	☐	Telling why the experience was important
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Writing U1 W8 D1