

Name: _____

Personal Recount Checklist

Orientation

☐	When? 	☐	Who? 	☐	Did What? 	☐	Where? 
--------------------------	--	--------------------------	---	--------------------------	---	--------------------------	---

Sequence of Events

☐	1. Major event
☐	Sub-events
☐	2. Major event
☐	Sub-events
☐	3. Major event
☐	Sub-events
☐	4. Major event
☐	Sub-events

Conclusion

☐	Final event	OR	☐	Feeling	OR	☐	Telling why the experience was important
--------------------------	-------------	----	--------------------------	---------	----	--------------------------	--

Writing U1 W5 D1