

APPENDIX 2.17 Point-of-View Checklist

Name: _____ Date: _____

Point-of-View Checklist

| Revising | Yes/No |
|---|--------|
| Did I compare own story elements with the checklist? | |
| Did I describe the setting of the story? | |
| Did I describe the situation the character is in? | |
| Did I describe actions the character took? | |
| Did I show how the character felt by describing body language and gestures? | |
| Did I include what the character thought to him- or herself? | |
| Did I include what the character said to others? | |
| Editing | |
| Did I check and correct my capitalization? | |
| Did I check and correct my sentences? | |
| Did I check and correct my punctuation? | |
| Did I check and correct my spelling? | |