Peer Revision Checklist: Sensory details

Peer Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Author: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Read your partner’s descriptive paragraphs and provide feedback about their use of sensory details. Not every sense is needed but there should be at least two or three in the paragraphs.

Do the paragraphs have details about the sense of sight? YES NO

 IF YES, circle those details in YELLOW.

Do the paragraphs have details about the sense of smell? YES NO

 If YES, circle those details in GREEN.

Do the paragraphs have details about the sense of touch? YES NO

 If YES, circle those details in PINK.

Do the paragraphs have details about the sense of taste? YES NO

 If YES, circle those details in BLUE.

Do the paragraphs have details about the sense of sound? YES NO

 If YES, circle those details in ORANGE.

Did the author use complete sentences and correct punctuation? YES NO

 If NO, help with identifying errors.

Do you have any suggestions for adding any more sensory details? If so, where could they be added? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

One thing you really liked about your partners paragraphs: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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