

Name

Date



My Editing Checklist



Directions: Answer each of the following questions by putting a check in the “YES”, “NO” or “Corrected” boxes.

Questions	Yes	No	Corrected
1. Did I re-read my writing to check for mistakes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did I start each sentence with a capital letter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did I end each sentence with a period, an exclamation point, or a question mark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did I space my words and write neatly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did I indent at the beginning of each paragraph?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did I circle any words that I think are misspelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did I use a dictionary or ask for help spelling words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did I use adjectives in every paragraph to add details to writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did I tell “WHO?”, “WHAT?”, “WHEN?”, “WHY?” and “HOW?”	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did I ask someone else to read my writing to check for mistakes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit