Name:_____ Date:_____

Written Composition/ Descriptive Writing

Brainstorming Graphic Organizer

Character Sketch

See	Hear	Smell	Taste	Touch
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Organizing Your Details

Name of Your Subject: _____

Personality Traits: _____

_____

_____

Appearance: _____

_____

_____

Something You admire about the person

_____

_____

_____