Name:	Date:	

Personal Narrative Brainstorm Graphic Organizer

Your moment:	
What happened?	
Where did it happen?	
When did it happen?	
Why did it happen?	
Who was there?	
When you think of this moment, what do you	
See	
Smell	
Feel	

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Taste	
Hear	
How did you feel in the moment?	
How do you feel about this moment now? Why is it significant to you?	