## PEER EDITING FORM

5

Your	name: Your partner's name:			
Date:	·			
1. Nu	umber the sentences on your partner's pap	er. How many did he or she write	?	
2. Do	es every sentence begin with a capital let	ter?	☐ Yes	□ No
3. Do	. Does every sentence end with a period?		☐ Yes	
4. Does every sentence have a subject?		☐ Yes		
5. Do	es every sentence have a verb?		☐ Yes	□ No
Ifı	not, which sentences need a verb? Write t	he numbers here:		
6. Do	oes every sentence have correct word orde	r?	☐ Yes	
If 1	not, which sentences have incorrect word	order? Write the numbers here: _		
<b>7. W</b> ]	hat is something your partner did well in	his or her sentences?		
8. Ar	e there any other mistakes? If so, write an	y mistakes and corrections here.		
	MISTAKE	CORRECTION		
1				
3				
4				