

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Something Difficult

Think about a time something was difficult for you. Plan your writing in the boxes below. In each box, write or draw what happened during that part of your story. In the space above each box, write the day and time for each part of your story and any specific details in each box below.

Day/Time	Day/Time	Day/Time	Day/Time
Part 1:	Part 2:	Part 3:	Part 4:
Specific details of this part of my story:	Specific details of this part of my story:	Specific details of this part of my story:	Specific details of this part of my story:

