



## POST TEST REVIEW

### LOOK BACK:

#### 1. HOW DID I PREPARE FOR THIS TEST?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> FLASH CARDS/QUIZLET  | <input type="checkbox"/> CLASS NOTES/OUTLINES     | <input type="checkbox"/> STUDY BUDDY        |
| <input type="checkbox"/> STUDY GUIDE Q/A      | <input type="checkbox"/> PICTURES/DIAGRAMS LABELS | <input type="checkbox"/> MEET WITH TEACHER  |
| <input type="checkbox"/> 3 COLUMN NOTES       | <input type="checkbox"/> CRAZY PHRASES/MNEMONICS  | <input type="checkbox"/> REVIEW WITH PARENT |
| <input type="checkbox"/> PRACTICE PROBLEMS/EX | <input type="checkbox"/> GRAPHIC ORGANIZERS       | <input type="checkbox"/> REVIEW WITH TUTOR  |

OTHER STUDY METHODS: \_\_\_\_\_

#### 2. WHAT KIND OF TIMES DID I USE TO PREPARE?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> WEEKLY ROUTINE REVIEWS                     | <input type="checkbox"/> 1 WEEK-10 DAYS BEFORE | <input type="checkbox"/> DAILY           |
| <input type="checkbox"/> WEEKLY PRACTICE                            | <input type="checkbox"/> 2-3 DAYS BEFORE       | <input type="checkbox"/> DID NOT PREPARE |
| <input type="checkbox"/> WEEKLY MATERIALS PREP<br>(FLASHCARDS, ETC) | <input type="checkbox"/> 1 DAY BEFORE          | <input type="checkbox"/> OTHER:          |

### LOOK AHEAD:

#### 1. WHAT WOULD I DO THE SAME WAY NEXT TIME?

SAME STUDY METHODS:

SAME TIME MANAGEMENT:

#### 2. WHAT WOULD I DO DIFFERENTLY?

DIFFERENT STUDY METHODS:

DIFFERENT TIME MANAGEMENT:

OTHER:

#### 3. HOW WILL I REMEMBER MY NEW PLAN?