

TEST PREP CHECKLIST

Name: _____	Date: _____	Subject: _____
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CHAPTERS/TOPICS

TEST FORMAT

<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Multiple Choice <input type="checkbox"/> Fill-in-the-blank <input type="checkbox"/> Short Answer <input type="checkbox"/> True/False <input type="checkbox"/> Other
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WHAT DO I NEED TO REVIEW

<input type="checkbox"/> Text Readings _____ <input type="checkbox"/> Handouts: _____ <input type="checkbox"/> Past Quizzes: _____ <input type="checkbox"/> Past Tests: _____ <input type="checkbox"/> Maps/Charts: _____ <input type="checkbox"/> Vocabulary: _____ <input type="checkbox"/> Other: _____	
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STUDY STRATEGIES I PLAN TO USE

<input type="checkbox"/> Create a study sheet each topic <input type="checkbox"/> Make flashcards and rehearse <input type="checkbox"/> Rewrite notes <input type="checkbox"/> Study Guide <input type="checkbox"/> List related information <input type="checkbox"/> Highlight notes	<input type="checkbox"/> Reread the material <input type="checkbox"/> Study group <input type="checkbox"/> Orally recite material <input type="checkbox"/> Make a personal connection <input type="checkbox"/> On-line learning tools <input type="checkbox"/> Other: _____
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