

NAME..... DATE.....



TEST READINESS CHECKLIST



After each day of standardized testing, complete this chart. When testing is complete, answer the questions at the bottom of the chart.

Date	How many hours of sleep did you get last night?	What did you eat for breakfast today?	Did you exercise before the test?	Did you use deep breathing before or during the test?	How do you think you did on the test?
			Yes No What kind?	Yes No	Great! Pretty good Not sure Not so well Other:
			Yes No What kind?	Yes No	Great! Pretty good Not sure Not so well Other:
			Yes No What kind?	Yes No	Great! Pretty good Not sure Not so well Other:
			Yes No What kind?	Yes No	Great! Pretty good Not sure Not so well Other:

After you finish the tests, look at the chart. Were you as prepared as you could be?
What could you have done better?

Do you think your preparations made a difference in how well you did on the test?

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