# Thinking About Revising

Biology /Chemistry /Physics\*

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

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much revision had you thought you had done for this exam? (tick one)

*All that was needed ….. Enough ….. Not enough ….. None …..*

2. How much revision do you now think you did for this exam?

*All that was needed ….. Wish I’d done a little more ….. Not enough ….. None …..*

3. How effective do you think your revision methods for this exam were?

*Very effective ….. Need improving for May ….. Not effective enough ….. Not effective …..*

4. List any revision methods that you used.

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5. How often did you attend supported study after school?

*Every week ….. Most weeks ….. Rarely ….. Never …..*

6. How often did you visit the Department at break time to get help on specific issues?

## Most weeks….. Every month or so ….. Rarely ….. Never …..

Ask your Parent/Guardian to answer question 7.

7. Do you feel that your child needs to improve the quantity and/or quality of home revision in preparation for exams in this subject? Yes/No

8. Would you like advice on any aspect of this? Yes/No

Signature of Parent/Guardian ………………………………… Date …………