

# 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.

---

---

---

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 .....