Last-Minute Revision Checklist

Systematic final revision, one box at a time.

Student Name: _____ Class: _____

Subject: _____ Exam Date: _____ Today's Date: _____

SUBJECT-WISE CHECKLIST

Subject	Important Chapters	Formula Review	Diagrams Completed	Prev. Papers Solved	Doubts Clarified
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

EXAM KIT PREPARED

- Admit card / hall ticket kept ready ☐
- Pens, pencils, eraser, sharpener packed ☐
- Geometry box / calculator (if allowed) ☐
- Water bottle filled ☐
- ID proof kept ready ☐
- Watch (if allowed) packed ☐

FINAL NIGHT CHECKLIST

- Revision notes reviewed once more ☐
- Tomorrow's timetable checked ☐
- Bag packed the night before ☐
- Alarm set for exam day ☐
- Light, healthy dinner planned ☐
- Mind calm and relaxed ☐

Sleep Tracker (hrs slept, last 5 days)

Mark hours slept in each box

D1	D2	D3	D4	D5

Water Intake Tracker (glasses/day)

Tick or write glasses consumed

D1	D2	D3	D4	D5

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Confidence Rating (circle/mark one) — 1 = Low, 10 = Very High

1	2	3	4	5	6	7	8	9	10

NOTES SECTION

FINAL READINESS SCORE

Add up completed checklist items and rate your overall readiness out of 10.

out of 10

Student Signature: _____ Date: _____