Exam Readiness Self-Assessment Worksheet

A one-day-before check-in with yourself.

Name: _____ Class / Roll No.: _____

Subject Name: _____ Exam Date: _____

Date of Assessment: _____

SELF-EVALUATION CHECKLIST

	1	2	3	4	5
Topics revised (rate coverage)	☐	☐	☐	☐	☐
Time management rating	☐	☐	☐	☐	☐
Confidence level	☐	☐	☐	☐	☐
Stress level (1 = calm, 5 = very stressed)	☐	☐	☐	☐	☐

STRONG AREAS

WEAK AREAS

QUESTIONS TO REVISE BEFORE THE EXAM

TOPICS REVISED (QUICK TICK LIST)

1.		Revised ☐
2.		Revised ☐
3.		Revised ☐
4.		Revised ☐
5.		Revised ☐

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REFLECTION QUESTIONS

• What topic am I most confident about, and why?

• What is one thing I can still improve on today?

• What will I do if I feel anxious during the exam?

• What has my preparation taught me about how I study best?

ACTION PLAN FOR EXAM DAY

Task / Focus Area	Time Allotted	Priority

PARENT / TEACHER REMARKS (OPTIONAL)

Signature: _____ Name: _____ Date: _____