TVCC VOCATIONAL NURSING PROGRAM

TEST REVIEW

STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_ EXAM\_\_\_\_\_\_\_\_\_LEVEL\_\_\_\_\_\_\_\_\_

1. How many hours did you study for the exam?\_\_\_\_\_\_\_
2. How many classes did you miss?\_\_\_\_\_\_\_
3. Did you sleep at least 6-8 hours prior to the exam?\_\_\_\_

Rate your test anxiety: (5= Extreme- 0 = none) Circle One

**5 4 3 2 1 0**

Please fill out the information listed below.

|  |  |
| --- | --- |
| **Evaluation/Analysis** | **Test Questions Applicable #** |
| Did not know the **Content** |  |
| Did not understand what the question was asking |  |
| Did not understand what the option was stating |  |
| Changed my answer |  |
| Priority Question/first |  |
| Select All That Apply (or Alternative Format) |  |
| Test Taking Decisions would have helped pick the correct option |  |

List what you are planning to do that will correct the problem identified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_V:/VocPoliciesShared/ Test Review Form Reviewed 12/17