|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Student No.:** |  | **Tutor Group:** |  |

**Exam Preparations - Quick Activity**

**Pre-Exam Checklist**

**How prepared are you for your exams?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **I’m not sure** | **No**  |
| * Do you know the date and time of all your exams?
 |  |  |  |
| * Do you know the location of all your exams (e.g. which room/building)?
 |  |  |  |
| * Have you created a revision timetable or plan?
 |  |  |  |
| * Have you familiarised yourself with the exam papers (e.g. looked at past examples for layout, marks, etc?)
 |  |  |  |
| * Have you completed some exam questions and compared your answers to mark schemes and/or chief examiners’ reports? (in or out of classes)
 |  |  |  |
| * Have you made sure you have all the correct materials for your exams (e.g. black pens, rulers, calculators…)?
 |  |  |  |

**Is there anything else you need to do before your exams begin?**