

Name: _____

Date: _____

Lesson/unit topic: _____

Test Feedback Form

Part 1: How do you feel about your performance on this test? (circle one)



Fantastic!



Great



Pretty good



OK



Not so good



I feel sick!

Part 2: Do you think your performance on this test is a good indicator of how well you know/understand this topic? _____
Why or why not?

Part 3: This test (or my performance on this test) was like ...

(a) _____ (b) _____ (c) _____ (d) _____

Explain:

Part 4: How much time did you spend studying?

WEEKS	DAYS	HOURS	MINUTES

If you could go back in time and study for this test again, would you do anything differently?

Explain.

Part 5: How well did classroom lessons, activities, and assignments prepare you for this test?

0	1	2	3	4	5
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Not at all

Really well!

Explain and make suggestions for improvement.

Part 6: Do you know anything about this topic that wasn't on the test? Tell me about it on the back...

