| Name: | | Period: _ | Date: | Action |
|--|--|---|---|---|
| | Action P | lan: Studying Fo | r a Test | |
| My <u>plan of actio</u> | | | | |
| 1. I will study you you you you great ans draw you ans linter you high off. I will also do the | ke flashcards and review can download to you ate a mind map/concennections) to the study guide and swers myself if they are aw pictures to illustrate they charades or act out that a song or rhyme to my resources, such as ernet to list, describe, are ke an appointment with ailable before/after schalight (notes, graded wher: (please list) | have a friend or teacher posted online by the teacher to concepts or vocable and you did and get it signed help me remember contextbooks, notes/notebend draw important topic that the teacher to review topicol) work, etc.) things that me | coarent/guardian (there is the test/quiz covers (the covers (the covers) acher) ulary ulary with a friend or posigned) oncepts/topics/vocabuseook, graded work, hards covered oics/concepts/vocabusight be on the test/quiz | or are also apps or show or check the arent/guardian ulary adouts, and the ary (if teacher is |
| 2. The <u>time</u> | eline for me to stuc | dy is: | | |
| Date: | Date: | Date: | Date: | Date: |
| Specific Action: | Specific Action: | Specific Action: | Specific Action: | DAY OF TEST!!! |
| sheet as | s well as: | I studied. This evid | | |
| | ving this plan, my <u>c</u> goal you are setti | g <u>rade/score</u> will be ng.) | e | · |
| Student Sig | gnature: | | | |
| Parent/Gu | ardian Signature: | | | |