**ULM School of Nursing Student-Faculty Conference Form**

**Student Self Evaluation**

Student will complete this exam self-evaluation and print a copy **prior to** the scheduled conference with assigned faculty. Answers are **required** for every section except the personal situations section.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Click or tap here to enter text. | | CWID: Click or tap here to enter text. | |
| Faculty: Click or tap here to enter text. | | Course: Click or tap here to enter text. | |
| Exam: Click or tap here to enter text. | Exam Date: Click or tap here to enter text. | Score: Click or tap here to enter text. | Today’s Date: Click or tap here to enter text. |

**When did you start preparing for the exam? (Highlight one option)**

1. I have been regularly reviewing since the material was presented
2. About 2 weeks before the exam
3. About 1 week before the exam
4. Crammed the night before the exam
5. I did not prepare

**How did you prepare for the exam?**

**Highlight the strategies you used to prepare for this specific exam.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Read assigned chapters in the textbook | Reviewed lecture content prior to class | Took notes during lecture | Created flash cards | Studied on my own |
| Read the chapter review/key concepts at end of each chapter | Reviewed lecture content following lecture on the same day | Compared my notes with other students | Used concept maps/mind maps/brain dumps | Studied with a friend or group |
| Completed study guide questions that correlated with assigned content | Reviewed lecture content later in the week | Compared notes to text book/resources to add to content or clarify | Listened to audio notes/podcast, etc. | Practiced virtual scenarios in Swift River |
| Used additional outside resources on the assigned topics (see below) | Reviewed NurseTim Resources for assigned content | Re-wrote or created my own notes | Used NurseTim  The Notebook pages to take notes | Completed online quizzes/practice questions |
| Other: Click or tap here to enter text. | | | | |

**What outside resources did you use, if any?** Click or tap here to enter text.

**What types of questions were the most challenging for you?**

|  |  |
| --- | --- |
| Type of question | Why did I find this question challenging? |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Did you understand the answers and rationales for the questions that were made available immediately after the test?** Click or tap here to enter text.

**Looking at your exam performance how did the following affect your success?**

**Place an X in each column that corresponds to your answer.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I did not review all of the content evenly prior to the exam. | **\_\_\_\_** | **\_\_\_\_** |
| I had trouble remembering what I studied. | **\_\_\_\_** | **\_\_\_\_** |
| I simply did not understand the concept. | **\_\_\_\_** | **\_\_\_\_** |
| I changed from correct to incorrect answer. | **\_\_\_\_** | **\_\_\_\_** |
| I read the question too fast. | **\_\_\_\_** | **\_\_\_\_** |
| I did not read all the answer choices and picked the first one that sounded right. | **\_\_\_\_** | **\_\_\_\_** |
| I made careless mistakes on math questions. | **\_\_\_\_** | **\_\_\_\_** |
| I made careless mistakes on critical medication questions. | **\_\_\_\_** | **\_\_\_\_** |
| I missed mostly select all that apply (SATA) questions. | **\_\_\_\_** | **\_\_\_\_** |
| I missed mostly prioritization questions. | **\_\_\_\_** | **\_\_\_\_** |
| I missed mostly alternate format or case study questions. | **\_\_\_\_** | **\_\_\_\_** |
| I took too much time answering questions at the beginning of the test and had to rush at the end. | **\_\_\_\_** | **\_\_\_\_** |
| I reviewed the rationales prior to leaving the testing room. | **\_\_\_\_** | **\_\_\_\_** |
| I take ownership of my exam performance. | **\_\_\_\_** | **\_\_\_\_** |
| Other: Click or tap here to enter text. | | |

**Did any of the following personal situations affect your success? (These answers are optional)**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I experience high test anxiety prior to exams. | **\_\_\_\_** | **\_\_\_\_** |
| I work outside of nursing school. | **\_\_\_\_** | **\_\_\_\_** |
| I support my family/children outside of nursing school. | **\_\_\_\_** | **\_\_\_\_** |
| I do not sleep enough the night before exams. | **\_\_\_\_** | **\_\_\_\_** |
| I depend on caffeine or have nutritional needs. | **\_\_\_\_** | **\_\_\_\_** |
| What can the faculty assist you with that will improve your success in this program?  Click or tap here to enter text. | | |

**List 3 things you will do differently to prepare for your next exam.**

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.