

Worksheet 4.3**Study Habits Rating Scale**

Student _____ Date _____

Circle one of the numbers to the right of each study skill listed to indicate how often you do each one.

Rating scale: 1—Never; 2—Almost never; 3—Sometimes; 4—Almost always; 5—Always

CLASSROOM-RELATED SKILLS

Arrive at class on time	1	2	3	4	5
Come to class prepared with materials needed	1	2	3	4	5
Come to class with work due	1	2	3	4	5
Pay attention during class	1	2	3	4	5
Show self-control	1	2	3	4	5
Seek extra help when needed	1	2	3	4	5
Follow directions	1	2	3	4	5
Participate in class activities	1	2	3	4	5
Work well in small groups	1	2	3	4	5
Work well independently	1	2	3	4	5
Use time well	1	2	3	4	5
Take your time going through work	1	2	3	4	5
Prepare written work carefully	1	2	3	4	5
Complete classwork on time	1	2	3	4	5
Write down assignments	1	2	3	4	5
Complete homework on time	1	2	3	4	5
Make up absentee work	1	2	3	4	5

HOME-RELATED SKILLS

Work in a place as quiet as possible	1	2	3	4	5
Study in a comfortable place	1	2	3	4	5
Avoid distractions	1	2	3	4	5
Study at a regular time each day	1	2	3	4	5
Start work early enough	1	2	3	4	5
Plan the order of studying	1	2	3	4	5
Allow a certain amount of time per subject	1	2	3	4	5
Get all needed materials in a timely way	1	2	3	4	5
Get to work immediately	1	2	3	4	5
Stick even to the most difficult assignments	1	2	3	4	5
Use a dictionary for unfamiliar words	1	2	3	4	5
Make notes on important points	1	2	3	4	5
Summarize what is read	1	2	3	4	5
Work until the subject is mastered	1	2	3	4	5
Check over your own work	1	2	3	4	5
Prepare thoroughly for tests	1	2	3	4	5
Relax briefly between subjects	1	2	3	4	5
Do something enjoyable when finished	1	2	3	4	5

Student _____ Date _____

STUDY SKILL YOU PLAN TO IMPROVE

- 1. _____
- 2. _____
- 3. _____

WHAT WILL YOU DO TO TRY TO IMPROVE?

- 1. _____
- 2. _____
- 3. _____

How well did your plan go? *(Circle the best answer for each step.)*

- | | | |
|--------------|-------------------------|----------|
| 1. Very well | OK but still more to go | Not well |
| 2. Very well | OK but still more to go | Not well |
| 3. Very well | OK but still more to go | Not well |

Take a new planning sheet and list your next set of goals. You can choose all new goals, keep some and add some, or keep all your current goals and work to improve them.

Your signature _____

Your study partner's signature _____

Group leader's signature _____