

## Study Skills Group Interest Form

Print your Full Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

- On a scale from 1-10 (rate how motivated you are to improve your study & testing taking skills. 1=not motivated 10=highly motivated) \_\_\_\_\_
- What have you been doing already to improve your academic performance?
- Will you commit to attending all of the sessions? (throughout the rest of the semester)  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No. Why not? \_\_\_\_\_
- Group members will be required to maintain confidentiality which means that you will not discuss what goes on in the group with people outside of the group. Will you commit to maintaining confidentiality?  
\_\_\_\_\_ No \_\_\_\_\_ Yes
- Please rank your preference for meeting times. Do not select a time if you are not able to meet at that time. 1=best time, 2= second best time, etc.  
\_\_\_\_\_ After School on Mondays  
\_\_\_\_\_ Before School. Circle What Days?    Mon    Tues    Wed    Thurs    Fri  
\_\_\_\_\_ During Lunch. Circle your lunch                    A    B    C  
\_\_\_\_\_ During the School Day (alternating class periods)
- Please rank which topics are more important to you.  
1=most important 8=least important

\_\_\_\_\_ **Goal Setting**

\_\_\_\_\_ **Taking Math Tests**

\_\_\_\_\_ **General Study Skills**

\_\_\_\_\_ **Test Anxiety**

\_\_\_\_\_ **Taking Essay Tests**

\_\_\_\_\_ **Effective Note Taking**

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\_\_\_\_\_ **Taking Reading Comprehension  
Tests**

\_\_\_\_\_ **Answering Test Questions**

- Have you previously seen the Study & Test Taking Skills Video Series?

\_\_\_\_\_ Yes      \_\_\_\_\_ NO

**Students should return this form to Ms. Johnson in the Student Services Office by Friday, October 17<sup>th</sup>!**