

# MEETING INFORMATION DATA SHEET

*(complete before the FIRST meeting ONLY, bring to session)*

*Sue Minkel RN, BSN, MA in Nursing Education*

**NURSING PROGRAM TUTOR/NCLEX TUTOR/  
NURSING PROGRAM STUDENT SUCCESS COACH**

*MCCC Retired Associate Professor of Nursing  
Tutoring for Success Program*

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **STUDENT CONTACT INFORMATION:**

EMAIL HOME:

EMAIL SCHOOL:

CELL PHONE:

## **INFORMATION INDICATING TIME AVAILABLE/LIMITATIONS FOR STUDY**

NUMBER OF HOURS WORKING:

MARRIED/SINGLE/DIVORCED/SEPARATED: circle

NUMBER OF CHILDREN: \_\_\_\_\_ HELP CARING FOR CHILDREN? Circle – yes no

## **CURRENT COURSE ENROLLED IN:**

## **EXAM GRADES IN CURRENT COURSE:**

Exam #1: \_\_\_\_\_ Exam #2: \_\_\_\_\_ Exam #3: \_\_\_\_\_ Exam #4: \_\_\_\_\_ Exam #5: \_\_\_\_\_

Have you reviewed these exams with your instructor? Circle YES or NO

Is the problem related to: *(Place a check next to the correct item):*

### **LACK OF KNOWLEDGE**

Insufficient Information:

\_\_\_\_\_ I did not read the text thoroughly enough

\_\_\_\_\_ The information was not in the book but not in my notes

\_\_\_\_\_ I studied the information but could not remember it

\_\_\_\_\_ I knew the information, but could not apply it

\_\_\_\_\_ I studied the wrong information

### **TEST ANXIETY:**

\_\_\_\_\_ I experienced a mental block

\_\_\_\_\_ I was so tired I could not concentrate

\_\_\_\_\_ I panicked

### **LACK OF TEST TAKING STRATEGIES:**

\_\_\_\_\_ I marked the wrong choice

\_\_\_\_\_ I changed a correct answer to a wrong answer

\_\_\_\_\_ I did not choose the best choice

\_\_\_\_\_ I did not notice key words

\_\_\_\_\_ I did not notice a negative

\_\_\_\_\_ I misread the question

\_\_\_\_\_ I did not use the time allotted effectively

# FIRST MEETING INFORMATION DATA SHEET

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**NURSING PROGRAM TUTOR**

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## **PROBLEMS THAT YOU SEE THAT INTERFERE WITH YOUR ACHIEVEMENT OF DESIRED GRADES:**

**DO YOU HAVE TEST TAKING ANXIETY?** Circle YES or NO

**DO YOU HAVE IDENTIFIED ACCOMMODATION FOR TESTING:** Circle YES or NO

## **BRIEFLY OUTLINE HOW YOU STUDY?**

*Check appropriate box:*

- \_\_\_ identify what objectives for the course apply to what you are studying
- \_\_\_ review the summary of the chapter before reading the chapter
- \_\_\_ identify the LEARNING OUTCOMES at the beginning of the chapter
- \_\_\_ page through the CHAPTER looking at topic headings, charts, boxes of INFORMATION, gaining a PREVIEW OF WHAT YOU WILL BE STUDYING
- \_\_\_ read each section of the chapter, summarizing what each section is saying verbally or in your head **before lecture**
- \_\_\_ outline chapter **before lecture**
- \_\_\_ formulate questions as you take notes putting them at the top of each section
- \_\_\_ study to UNDERSTAND only MEMORIZING things like lab values, medications
- \_\_\_ after lecture correlate power points with chapter outlines

**DO YOU BELONG TO A STUDY GROUP?** Circle YES or NO

**How many people are involved in the study group?** \_\_\_\_\_

**Primary REASON FOR SEEKING HELP FROM NURSING TUTOR:**