

Study Skills

Name \_\_\_\_\_

Date \_\_\_\_\_

Period \_\_\_\_\_

“My Ideal Study Environment”

1. **How** I learn is ...

- orally, because I like to listen
- visually, because I like to see

2. **Where** I like to study is ...

- At home in my \_\_\_\_\_
- In the library
- At school during \_\_\_\_\_
- Somewhere else \_\_\_\_\_

3. **How** often I like to study is ...

- A little bit every night
- Cramming the night before

4. **When** I study the best is ...

- In study hall
- Late afternoon
- Early evening
- At night
- In the morning

5. **Who** I like to study with is ...

- No one
- 1 other person
- A small group
- With a parent
- With a sibling

6. While studying I need to take a **break** every ...

- 10 minutes
- 20 minutes
- 30 minutes
- 1 hour

7. What I like my **environment** to be like is ...

- Quiet
- Having some background music
- Some other noise \_\_\_\_\_
- Food available
- Table/desk and chair
- Bed and pillow
- Floor
- Bean bag chair
- Bright lights
- Dim lights
- Warm
- Cool