

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Duration: \_\_\_\_\_

## Environment Check-in:

- ☐ Social or ☐ Solitary  
☐ Public or ☐ Private  
☐ Well-lit  
☐ I had all my supplies and materials  
☐ To prevent distractions, I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Physical Check-in:

- ☐ I am well rested  
☐ Hours of sleep in the last 24hrs: \_\_\_\_\_  
☐ I have eaten some healthy food  
☐ I am well hydrated  
☐ I have moved my body with intention today

## My goals for the study session (*check off when complete*):

- ☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_

## Study strategies or methods used:

## Having completed this session, I feel:

- |                                       |                                       |                                   |
|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Stressed     | <input type="checkbox"/> Tired        | <input type="checkbox"/> At ease  |
| <input type="checkbox"/> Accomplished | <input type="checkbox"/> Energized    | <input type="checkbox"/> Worried  |
| <input type="checkbox"/> Satisfied    | <input type="checkbox"/> Overwhelmed  | <input type="checkbox"/> Defeated |
| <input type="checkbox"/> Calm         | <input type="checkbox"/> Disheartened | <input type="checkbox"/> _____    |
| <input type="checkbox"/> Proud        | <input type="checkbox"/> Happy        | <input type="checkbox"/> _____    |

## My goals for next session:

