Student Profile

**Name**       **Date**

**Year graduated high school**       **Current Nursing course**

**Were you registered in another program before nursing?  No  Yes (which one?)**

Language

Mother tongue      Other languages spoken

Language of previous schooling

Fluency in oral English  poor  moderate  fluent

Fluency in written English  poor  moderate  fluent

Fluency in English listening skills  poor  moderate  fluent

Fluency in English reading skills  poor  moderate  fluent

Proficiency in Sciences

Previous studies (average mark)       Nursing Program (average mark)

Present course load

No. of courses

Other time commitments (hours/week)

Family       Work       Other

Personal experience related to test-taking

|  |
| --- |
| Describe briefly how you prepare for your nursing tests. |

Rate your level of anxiety in regards to writing nursing tests.

Low  0  1  2  3  4  5  6  7  8  9  10  High

Are you aware of the following college resources?

Counselling  Financial aid  Learning Center  Tutor/Mentor  College Nurse

Other

What factors do you think contributed to your test mark?

|  |
| --- |
|  |