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## **Diagnostic Testing Survey**

Print First and Last Name:	Jackson	Singhal				
Print Date (MM/DD/YY):	09/16/	18	-:			
Student Grade (10 <sup>th</sup> , 11 <sup>th</sup> , et	:c.):					
Circle Today's Test Format:	Other, PSAT,	SAT, ACT,	ISEE: Low	er Level, Midd	le Level, Upp	er Level
Check if this	is your 2 <sup>nd</sup> of two k	_		olastic Success		
Test Form Taken Today (ask	proctor):	PSAT 1	(Z015)			
Student Accommodat	ions:					

If you have timing accommodations:

No timing accommodations

Time-and-a-half
Double-time
Double-time & Testing over Multiple Weekends
I am pursuing or might pursue timing accommodations

## Status and Preparation (please check anything that applies):

Uninformed about this testing before last night (surprised by having to test)

Poor night of sleep (travel, social obligations, illness, went to bed late)

Did NOT take ADHD prescription medicine (only applicable if prescribed ADHD Rx)

Arrived to testing late (instead of 5 minutes early)

Was lost/stressed finding parking and/or Caruth

Feeling poorly/"under-the-weather" (includes illness, allergies, headaches, etc.)

Did NOT eat before testing today

Currently experiencing test anxiety

Did NOT bring Calculator or Pencil