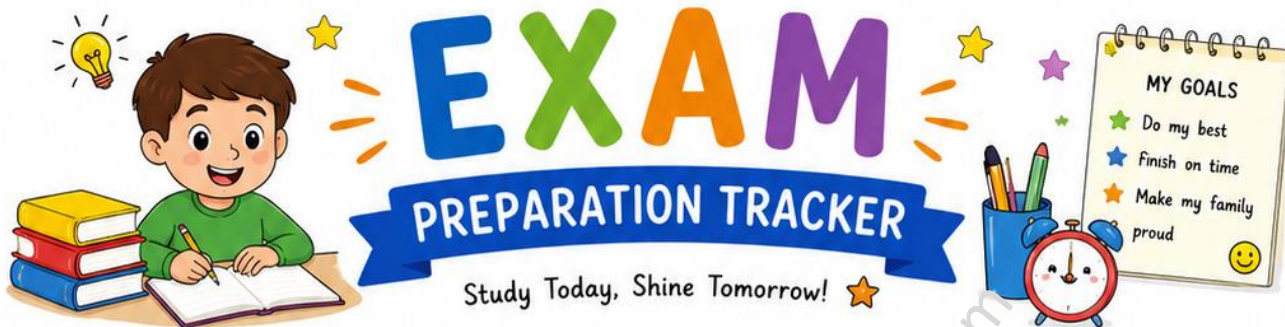




Name: _____ ★

Exam: _____ 

Class: _____ Section: _____

Exam Date: ____ / ____ / ____ 

SUBJECT 	TOPICS TO STUDY 	STUDY PLAN (What & When) 	PLANNED TIME (HOURS) 	ACTUAL TIME (HOURS) 	COMPLETED (✓) ★
					★
					★
					★
					★
					★
					★
					★
TOTAL STUDY TIME			_____ HOURS	_____ HOURS	

DAILY STUDY TRACKER

Date: ____ / ____ / ____

Did I study well today?   

Was I focused?   

Did I take breaks?   

How was my day?

STUDY CHECKLIST

- ☐ Read my notes
- ☐ Practiced questions
- ☐ Solved previous papers
- ☐ Revised important points
- ☐ Made short notes
- ☐ Asked doubts
- ☐ Took short breaks
- ☐ Slept on time
- ☐ Ate healthy food
- ☐ Drank enough water



PROGRESS CHART

Color one star each day you study well!

MON	★	★	★	★	★
TUE	★	★	★	★	★
WED	★	★	★	★	★
THU	★	★	★	★	★
FRI	★	★	★	★	★
SAT	★	★	★	★	★
SUN	★	★	★	★	★

Great work! 

NOTES / IMPORTANT POINTS



MY MOTIVATION

I can do it!
I will make myself proud!



Small steps every day lead to big success! 

