**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School**

**Student Goal-Setting Form**

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

**Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_**

California Standards Test (CST)

|  |
| --- |
| Advanced |
| Proficient |
| Basic |
| Below Basic |
| Far Below Basic |

|  |  |
| --- | --- |
| English Language Arts |  |
| Math |  |

**By the end of the school year, I want to be:**

|  |  |
| --- | --- |
| English Language Arts |  |
| Math |  |

Checking My Effort

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Never** | **Sometimes** | **Always** |
| How often am I tardy? |  |  |  |
| How often am I absent? |  |  |  |
| How often do I forget my planner? |  |  |  |
| How often do I get in trouble? |  |  |  |
| How often am I off-task? |  |  |  |
| Do I participate in class? |  |  |  |
| Do I read at home for at least 30 minutes? |  |  |  |
| Do I stay after school for extra help? |  |  |  |
| Do I complete all my homework on time? |  |  |  |

Goal #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_