# \_\_\_\_\_\_\_\_\_\_\_\_\_\_ School

## Student Goal-Setting Form

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

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

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

##### English Language Arts

#### Math

**At the end of 30 days, I want to be able to:**

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

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

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

Checking My Effort

Always

Never

Sometimes

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 stay after school for extra help?**

**Do I complete all my homework on time?**

Student signature\_\_\_\_\_\_\_\_\_\_\_\_ Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_