

Name \_\_\_\_\_

Grade \_\_\_\_\_

# My Goals

Circle one:  Fall  
 Winter  
 Spring

Academic goal \_\_\_\_\_

\_\_\_\_\_

Things I can do to achieve this goal \_\_\_\_\_

\_\_\_\_\_

How I did \_\_\_\_\_

Behavioral or Social goal \_\_\_\_\_

\_\_\_\_\_

Things I can do to achieve this goal \_\_\_\_\_

\_\_\_\_\_

How I did \_\_\_\_\_

Personal goal \_\_\_\_\_

\_\_\_\_\_

Things I can do to achieve this goal \_\_\_\_\_

\_\_\_\_\_

How I did \_\_\_\_\_