

# Student Goal Planning Sheet

\_\_\_\_\_ Trimester/Quarter/Semester

I am good at...

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.....  
.....  
.....

I need to work on...

.....  
.....  
.....  
.....

My plan to improve is .....

.....  
.....

If my plan doesn't work then I'll .....

.....  
.....

I'll know my plan is working when .....

.....  
.....

Signed .....

Date .....