Student Goal Planning Sheet

Name: _____   Date: _____

I am good at

_____
_____
_____
_____
_____

I need to work on

_____
_____
_____
_____
_____

My plan to improve is

_____
_____
_____

if my plan doesn't work then is

_____
_____
_____

i know my plan is working when

_____
_____
_____