Student Goal Planning Sheet

_____ Trimester/Quarter/Semester

I am good at. . .	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 _____