

Name: _____

How am I doing in _____?

100				
90				
80				
70				
60				
50				
40				
30				
20				
10				
	Q1 _____	Q2 _____	Q3 _____	Q4 _____

Quarter 2 Goals:
Name: _____

School: _____

Parent Signature: _____

Quarter 3 Goals:
Name: _____

School: _____

Parent Signature: _____

Quarter 4 Goals:
Name: _____

School: _____

Parent Signature: _____

Summer Goals:
Name: _____

Parent Signature: _____