

Name : _____ Date : _____

First Day of School ACHIEVEMENT PLANNER

MY GOAL FOR THIS SCHOOL YEAR

I want to:

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.....

HOW I WILL REACH MY GOAL

- | | |
|---|--|
| <input type="checkbox"/> Listen carefully | <input type="checkbox"/> Practice everyday |
| <input type="checkbox"/> Do my work | <input type="checkbox"/> Be kind to others |
| <input type="checkbox"/> Ask for help | |

ONE THING I WANT TO GET BETTER AT

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ONE THING I AM EXCITED TO LEARN

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