# Student Goals Evaluation

Name: ____________________________ Date: __________________

*Refer to your STUDENT GOAL SETTING sheet for specifics related to your goal.*

Circle which report this form is for.

- **6th Week Report**
- **10th Week Report**

*Circle the level of completion of each goal.*

Identify your progress towards goal # 1.

| Have not started working on it. | < ½ way to completing my goal. | > ½ way to completing my goal. | Have completed my goal. |

Identify your progress towards goal # 2.

| Have not started working on it. | < ½ way to completing my goal. | > ½ way to completing my goal. | Have completed my goal. |

Identify your progress towards goal # 3.

| Have not started working on it. | < ½ way to completing my goal. | > ½ way to completing my goal. | Have completed my goal. |

Identify your progress towards goal # 4.

| Have not started working on it. | < ½ way to completing my goal. | > ½ way to completing my goal. | Have completed my goal. |

Identify your progress towards any additional goals.

---

---

---

---

8/6/2014 5:20:00 PM