



# 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.

6<sup>th</sup> Week Report

10<sup>th</sup> Week Report

*Circle the level of completion of each goal.*

Identify your progress towards goal # 1.

Have not started working on it.

< 1/2 way to completing my goal.

> 1/2 way to completing my goal.

Have completed my goal.

Identify your progress towards goal # 2.

Have not started working on it.

< 1/2 way to completing my goal.

> 1/2 way to completing my goal.

Have completed my goal.

Identify your progress towards goal # 3.

Have not started working on it.

< 1/2 way to completing my goal.

> 1/2 way to completing my goal.

Have completed my goal.

Identify your progress towards goal # 4.

Have not started working on it.

< 1/2 way to completing my goal.

> 1/2 way to completing my goal.

Have completed my goal.

Identify your progress towards any additional goals.

---

---

---