Goal Setting & Check-In Worksheet

Goal Setting Date: Student Name:	
Academic Goals:	
What can you do to grow in math?	
Habit Goals:	
What can you do to grow as a student?	
	Check to make sure your goals are SMART?
Specific	☐ My goals are definite (i.e. not vague).
Measurable	☐ My goals could be said to be complete with a simple yes or no.
Achievable	☐ I can reasonably complete my goals in the given time frame.
Relevant	☐ My goals are related to school and/or my math class.
Time-Bound	☐ My goals have a clear deadline or due date (check in date).
Teacher goal s	ign off:
Student goal s	ign off:
Goal Check-i	n and Reflection Date:
Completed Goals:	Is there anything specific that helped you meet these goals? How could you make this type of goal more challenging next time?
Incomplete Goals:	What made these challenging? What would help you meet these types of goals next time?
Student goal o	completion sign off:
Teacher goal c	ompletion sign off:
Parent/trusted	adult goal completion sign off: