

Goal Setting Form

Student: _____

Date: _____ Completed by: _____

Tutor: Keep notes on goal progress, which you will be required to report twice a year. You and your student may revise goals as appropriate. Ask for a new form if needed.

<input type="checkbox"/> Improve Oral Communication	<input type="checkbox"/> Get a Job
<input type="checkbox"/> Learn to Read (Non-reader)	<input type="checkbox"/> Get a Better Job/Promotion
<input type="checkbox"/> Improve Reading Comprehension	<input type="checkbox"/> Keep a Job
<input type="checkbox"/> Improve Written Communication	<input type="checkbox"/> Increase Civics/Citizenship Skills
<input type="checkbox"/> Improve Math Skills	<input type="checkbox"/> Obtain Citizenship
<input type="checkbox"/> Improve Computer Skills	<input type="checkbox"/> Register to Vote/Vote
<input type="checkbox"/> Get a Secondary Credential <input type="checkbox"/> GED or equivalent <i>or</i> <input type="checkbox"/> Adult High School Diploma	<input type="checkbox"/> Obtain DACA/DAP (Deferred Action for immigrants)
<input type="checkbox"/> Enter Post-Secondary Education/Training	<input type="checkbox"/> Increase Involvement in Children's Education/Literacy
<input type="checkbox"/> Increase Involvement in Community Activities	<input type="checkbox"/> Other:
Comments:	

Use the reverse to track Additional Goals or Comments.

Dates Reviewed: _____

Tutor Initials: _____

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments