



GOAL SHEET

Child's name:		Date:	
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What are your goals for the day?

(e.g. complete math worksheets, 20 minutes of reading, etc.)

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How can we best help reach these goals?

(e.g. need extra help with math, extra breaks, reminders, etc.)

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Notes:

(e.g. login info, appointments with teacher, need wiki access, etc.)

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