

Name: \_\_\_\_\_

Date: \_\_\_\_\_



# My Goals



Academic Goals: \_\_\_\_\_  
\_\_\_\_\_

Things I can do to achieve this goal: \_\_\_\_\_  
\_\_\_\_\_

An obstacle may be: \_\_\_\_\_

I should see improvement by: \_\_\_\_\_

Physical Goals: \_\_\_\_\_  
\_\_\_\_\_

Things I can do to achieve this goal: \_\_\_\_\_  
\_\_\_\_\_

An obstacle may be: \_\_\_\_\_

I should see improvement by: \_\_\_\_\_

Personal Goals: \_\_\_\_\_  
\_\_\_\_\_

Things I can do to achieve this goal: \_\_\_\_\_  
\_\_\_\_\_

An obstacle may be: \_\_\_\_\_

I should see improvement by: \_\_\_\_\_