

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: _____