S.M.A.R.T. Goal

Name: ________________________________

Date: ________________________________

Teacher: ______________________________

Circle the area of your goal:
- Reading
- Writing
- Math
- Behavior
- Other: ____________________________

Specific - What single specific skill do you want to improve?

Measurable - How much? How Many? How will you know you have met your goal?

Attainable - Is the goal you set something you and your teacher believe you can reach?

Relevant - Is the goal something that will meet your needs?

Time Bound - How long will you give yourself to work towards this goal?

My SMART Goal is:

I will work towards my goal by:

Follow up:
- I met my goal!
- I did not meet my goal and need to adjust my goal or the work I am doing to reach my goal.