



Student Name:	DOB:	Student ID #:	Grade Level:
Goal Plan Completed on:	Next Meeting Date: / /	Revision Date: / /	

What do I want people to know about me...

What do people admire about me...

What supports do I need the most in my life right now?

What are the greatest challenges in my life right now?

Student Name:

Student ID Number:

STUDENT'S GOALS

The Action Plan should be based on information and recommendations from: **the Care Plan Team (CPT), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.**

1. **Student Long Range Educational/Academic Goal:** (Ensure that this is an outcome desired by the student)

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2. **Where is the student at in achieving (his or her) long range educational plans?** (Include progress towards goals).

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JUSTIFICATION FOR THE EDUCATIONAL GOAL(s):					
WHAT (Short Range Goal)	TUTOR RESPONSIBLE	FREQUENCY OF GOAL MONITORING			
<p>WHAT (Support/Interventions does Project CARES need to put in place to help student Achieve (his or her) Goals)</p>					
PC Online Math & Reading Assessment Tools	Pre-Assessment Baseline Data	Goal: where student should be now?	Mid-Year Evaluation Data	Post-Assessment Data	What has been the student's progress towards math and reading goals based on web-based platforms that PC is using
Achieve 3000 Lexile Base for ELA (6 th – 12 th Grade)					
Catch Up Math Quantile Base (6 th – 12 th Grade)					
Study Island ELA (3 rd – 4 th)					
Study Island MATH (3 rd – 4 th)					
Attendance Data See School Report Card	1 st Qt	2 nd Qt	3 rd Qt	4 th Qt	Attendance Comments
Mark an X to identify the student expect year of graduation	2017	2018	2019	2020	Graduation Comments
Write in if student was promoted or retained	2016	2017	2018	2019	Comments

Student Name:

Student ID Number:

3. Student's Long Range Social/Emotional Goal(s): (Ensure that this is an outcome desired by the student)

Empty text box for student's long range goal(s).

Where is the student's in the process of his/her achieving my social and emotional plans? (Include progress on goals).

Empty text box for student's progress on goals.

JUSTIFICATION FOR SOCIAL & EMOTIONAL GOAL(S):

HOW can PC help support student's Short Range Goals	WHO IS RESPONSIBLE	FREQUENCY OF GOAL MONITORING

HOW (Support/Intervention)

Social & Emotional Needs	Yes or No	Status of Need	Date Need Reviewed	Progress toward need and justification for continuation or discontinuation of need.
Family Counseling				
Drug Counseling				
Grief Counseling				
Housing				
Child Care				
Clothing				
Food Bank				

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

Student Name:

Student ID Number:

4. Student's Long Range Career Goal(s): (Ensure that this is an outcome desired by the student)

Empty box for student's long range career goal(s).

Where is the student's in the process of his/her achieving long range career plans? (Include progress on goals).

Empty box for student's progress on goals.

JUSTIFICATION FOR CAREER GOAL(s):

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	FREQUENCY OF GOAL MONITORING

HOW (Support/Intervention)

Student's Career Goals	Indicate Yes or No	Status of Goal	Date Goal Reviewed	Progress toward goal and justification for continuation or discontinuation of goal.
University				
Community College				
Military				
Employment				
Start a Business				
Uncertain or Other please explain				

Status Codes: R=Revised O=Ongoing A=Achieved D=Discontinued

IV. SIGNATURES OF OTHER CARE TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF MY GOAL PLAN:

Student Name: _____ Date: ___ / ___ / ___

Parent/Guardian: _____ Date: ___ / ___ / ___

Other Team Member (Name/Role): _____ Date: ___ / ___ / ___

Other Team Member (Name/Role): _____ Date: ___ / ___ / ___

Other Team Member (Name/Role): _____ Date: ___ / ___ / ___