PLEASE RETURN FORM TO MARGIE MULDER'S MAILBOX ASAP. THANK YOU!

COUNSELING GOAL

Student: _____ Teacher: _____

Date: _____ Grade: _____ Age: ____ Room#: _____ Track: _____

In the space provided below, **please write one positive, realistic goal for your student** that can be addressed in counseling and that you will be able to observe.

I would like my student to be able to....

_____

_____

Please circle ***one*** number to indicate how close your student is to achieving this goal:

0 1 2 3 4 5 6 7 8 9 10

Little to no progress yet "On the right track" Achieved goal

In reference to the above goal, please describe the times when your student is doing better. Include times when the problem is less severe, less frequent, or absent:

_____

_____

_____

_____

_____

Please list what you have done and/or are currently doing to help the child achieve the goal:

_____

_____

_____

_____

_____