**Student SMART Goal Planning Tool**

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| **My Name:** |  |
| **Today’s Date** |  |
| **Goal Target Date:** |  |
|  |  |
| 1. What I am trying to learn that is hard or confusing to me? |  |
| 1. How am I doing on this subject/topic now? (grades/scores) |  |
| 1. How well do I want to be doing? |  |
| 1. What do I need to learn to achieve my goal? |  |
| 1. What skills and knowledge do I already have that will help me achieve my goal? |  |
| 1. What new skills do I need to learn? |  |
| 1. What help and resources will I need? |  |
| 1. What tools will my teacher and I use to assess and document my progress? |  |
| 1. When do I want to check my progress and when do I think I can reach my SMART Goal? |  |
| Check-in 1 Date |  |
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| Check-in 1 Date |  |
| Final Goal Date and Celebrate! |  |