

# First Semester Academic Goals

Name \_\_\_\_\_ Grade \_\_\_\_\_ Advisor \_\_\_\_\_

Take some time to reflect on your grades, write goals for each of your classes and answer the questions that follow. Be sure to make your goals specific.

## First Semester Classes:

Period	Class Title	Target Grade	Why is it important to succeed in this class?	What am I going to do to be successful in this class? (state your goal and action plan)	Semester Grade
			<input type="checkbox"/> WASL Prep <input type="checkbox"/> College Prep <input type="checkbox"/> Personal Goal <input type="checkbox"/> Career Prep <input type="checkbox"/> Graduation Req. <input type="checkbox"/> Other		
			<input type="checkbox"/> WASL Prep <input type="checkbox"/> College Prep <input type="checkbox"/> Personal Goal <input type="checkbox"/> Career Prep <input type="checkbox"/> Graduation Req. <input type="checkbox"/> Other		
			<input type="checkbox"/> WASL Prep <input type="checkbox"/> College Prep <input type="checkbox"/> Personal Goal <input type="checkbox"/> Career Prep <input type="checkbox"/> Graduation Req. <input type="checkbox"/> Other		
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## First Semester Academic Goals

1. How do I feel about my progress so far? What have I done this year to earn my current grades?
2. What is my most challenging class? Why is this class a challenge?
3. At the end of the semester, I will feel successful if...
4. Do I have any classes that I need to make up to graduate on time? How am I going to accomplish this?

Share your goals with your parents and have your parents sign your form. Then return your form to put in your portfolio. Please remember that you will be sharing these goals and your progress toward meeting them at your Student Led Conference at the end of the year.

My student has shared his/her goals with me.

Parents, if you would like to make a comment on your student's goals, please do so here.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Print Student Name