

## Goal Setting

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Goals:

- 1.
- 2.
- 3.
- 4.

Goals	How will we get there? What will we do to reach the goal?	What do we need? (resources, materials, etc.)	Who will help to reach the goal?	How will we check if goal has been met?

\*Please note: This form is for use of gathering additional information and does not replace any required licensing forms.

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**Signatures:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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