



school on wheels



LITERACY PROGRAM GOAL SETTING

FILLED OUT BY:

_____ & _____

DATE:

MY READING GOAL IS...

WHEN I FEEL LIKE GIVING UP,
I WILL REMIND MYSELF...

EVERY WEEK
I WILL:

A PROBLEM I
MIGHT FACE
IS:

MY TUTOR
CAN HELP
ME BY:

WHEN I
REACH MY
GOAL I WILL
FEEL: