**Weekly Goal Sheet**

Ideally, this form is to be filled out at the very end or the very beginning of each week.

*\*\*This form is optional but recommended for students and their CI’s\*\**

Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **To Be Completed By Student**  ***(Complete 1st)*** | **To Be Completed By CI**  ***(Complete 2nd)*** |
| Personal Assessment of Strengths & Weaknesses:  Strengths:  1.  2.  3.  4.  Weaknesses:  1.  2.  3.  4. | Student’s Strengths & Weaknesses:  Strengths:  1.  2.  3.  4.  Weaknesses:  1.  2.  3.  4. |
| Student’s Goals for Self for the Week:  1.  2.  3.  4. | CI’s Goals for Student (& Self) for the Week:  1.  2.  3.  4. |
| Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CI’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |