Family & Teacher Goal-Setting Form

Fill out this form together to create a plan for supporting your child's skills.

Teacher:	Child:
Family Member:	Date:

❶ **The child needs additional support, practice, and/or challenge in the following skills** (identified by developmental checklist, academic assessment, classroom or family observation, etc.)**:**

_____ _____

_____ _____

_____ _____

❷ **Skills that we will focus on (choose two to three from list above).**

TARGET SKILL #1: _____

TARGET SKILL #2: _____

TARGET SKILL #3: _____

❸ **Our goals for supporting the child in these skills** (use reverse side of paper if needed)**:**

What the teacher will do to help the child grow in these skills:

_____

_____

_____

_____

What the family will do at home to help the child grow in these skills:

_____

_____

_____

_____

_____

❹ **We will talk about how things are going by** _____

[Date]