GOAL PLANNING SHEET

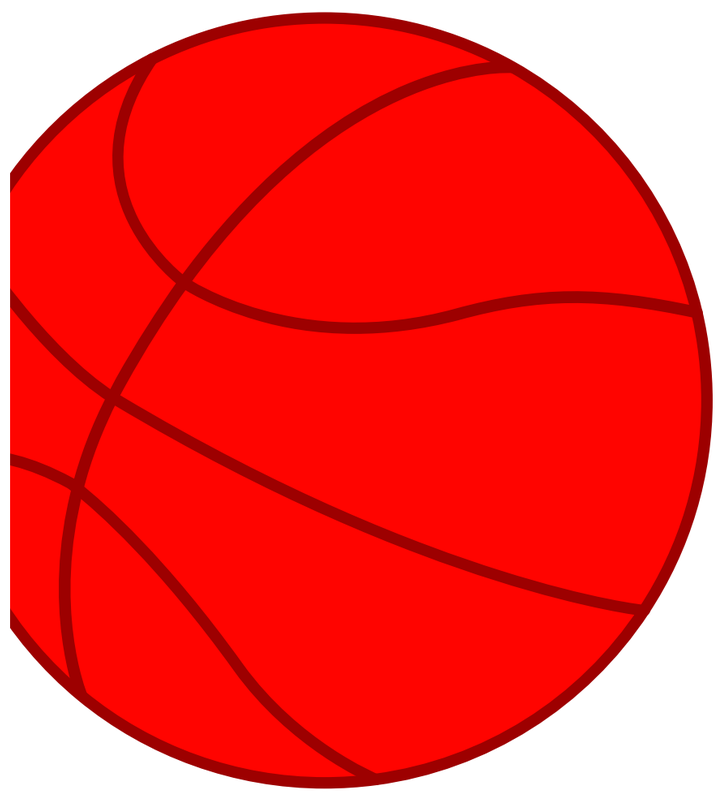
NAME: _____

I AM GOOD AT: _____

_____

_____

I NEED TO WORK ON: _____



_____

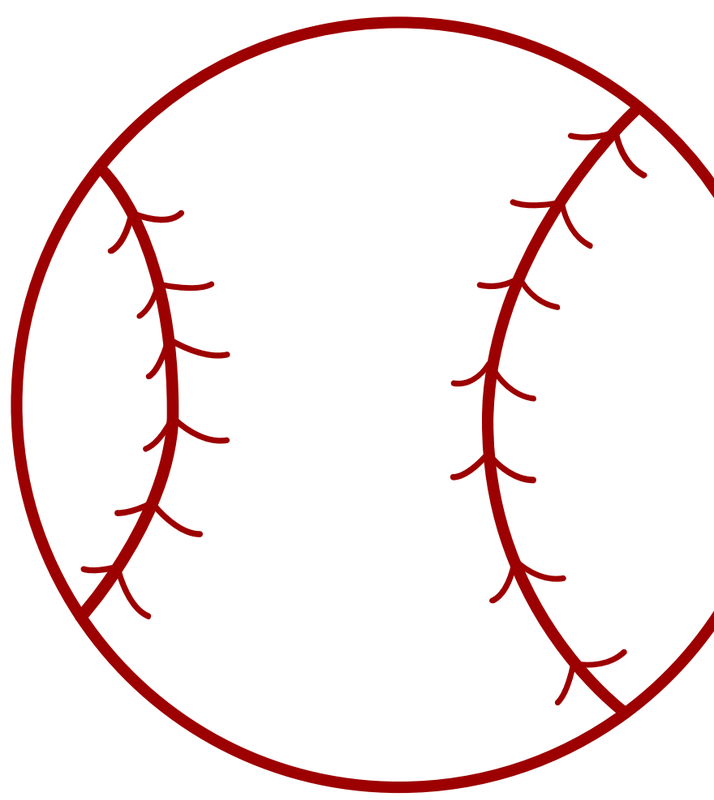
_____

_____

MY PLAN TO IMPROVE IS: _____

_____

_____

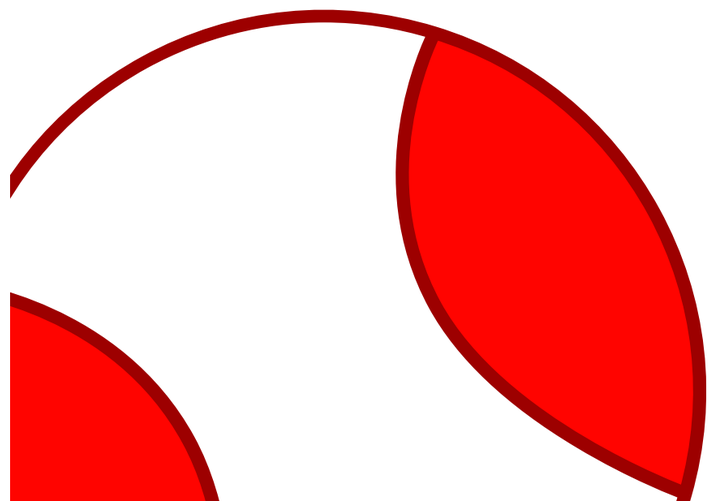


IF MY PLAN DOESN'T WORK THEN I WILL: _____

_____

I WILL KNOW MY PLAN IS WORKING IF: _____

_____



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