

# Parent and Child Goal Sheet

Please fill out the goal sheet with your child, including information about your child's needs, interests, and abilities.

## ACADEMIC

1. What are your child's strongest academic areas? \_\_\_\_\_  
\_\_\_\_\_
2. Name some special interests of your child. \_\_\_\_\_  
\_\_\_\_\_
3. What three goals should the child begin the year with? \_\_\_\_\_  
\_\_\_\_\_
4. In what academic area does your child need additional work? \_\_\_\_\_  
\_\_\_\_\_

## SOCIAL

1. What are the child's strongest social skills? \_\_\_\_\_  
\_\_\_\_\_
2. What would be an appropriate social goal for your child? \_\_\_\_\_  
\_\_\_\_\_

## PHYSICAL

1. What are the child's strongest physical abilities and interests? \_\_\_\_\_  
\_\_\_\_\_
2. What does the child need additional work on physically? \_\_\_\_\_  
\_\_\_\_\_

## EMOTIONAL

1. Name things that make your child very happy: \_\_\_\_\_  
angry: \_\_\_\_\_  
sad: \_\_\_\_\_
2. Does the child have a fear of anything which would relate to school? If so, what?  
\_\_\_\_\_

Please make any additional comments which you feel are appropriate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

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