UB Personal Learning Plan SMART Goals

*Name: School: Quarter: 1 2 3 4*

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| **COLLEGE READINESS** | **EFFECTIVE COMMUNICATOR** | **GROUP/COMMUNITY CONTRIBUTOR** | **RESPONSIBLE/ENGAGED CITIZENSHIP** |

**OVERVIEW**

Team 1 students create 1 goal from any of the 4 categories above.

Team 2 students create 2 additional goals from any of the 4 categories above.

Team 3 students create 2 additional goals from any of the 4 categories above.

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| **S**pecific | What specific thing am I trying to achieve? | **SMART GOAL FORMULA**  **(Fill in the blanks): To DO What so that What will increase/decrease by completion date as measured by What Data** |
| **M**easurable | How will I know when I have reached my goal? | To |
|  |  | so that |
| **A**ttainable | Is my goal realistic?  Do I have the resources I need to achieve it? | will |
|  |  | by |
|  | Why is this important to support my goal of attending college immediately following  my high school graduation? |
| **R**elevant | as measured by |
| **T**imeline | When does this goal start and end? | Support Person(s) Resources Available to help you achieve your goal (s): |

In order to accomplish this, I will:

|  |  |
| --- | --- |
| **Potential Challenges** | **Action Steps/Benchmarks** |
| 1. |  |
| 2. |  |
| 3. |  |