

**Academic Parent-Teacher Teams<sup>®</sup> (APTT)**  
**Fifth Grade**

**Family S.M.A.R.T. Goal Sheet**  
**(Teacher Copy)**

Student Name: \_\_\_\_\_

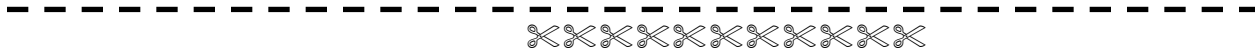
Date: \_\_\_\_\_

**Foundational Grade Level Skill: Fluency**

Today, my child read \_\_\_\_\_ words per minute correctly. **In 60 days**, I want my child to read \_\_\_\_\_ words per minute.

To help my child reach his or her goal, I will: \_\_\_\_\_

\_\_\_\_\_



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**Fifth Grade**

**Family S.M.A.R.T. Goal Sheet**  
**(Parent Copy)**

Student Name: \_\_\_\_\_

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

**Foundational Grade Level Skill: Fluency**

Today, my child read \_\_\_\_\_ words per minute correctly. **In 60 days**, I want my child to read \_\_\_\_\_ words per minute.

To help my child reach his or her goal, I will: \_\_\_\_\_

\_\_\_\_\_