Academic Parent-Teacher Teams© (APTT)

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

Student Name: _____ Date: _____

Foundational Grade Level Skill: Reading Fluency

Today, my child knows _____ sight words. **In 60 days**, I want my child to know _____ sight words.

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

_____

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Academic Parent-Teacher Teams© (APTT)

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

Student Name: _____ Date: _____

Foundational Grade Level Skill: Reading Fluency

Today, my child knows _____words. **In 60 days**, I want my child to know _____ _____ sight words.

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

_____