Academic Parent-Teacher Teams (APTT)

Family S.M.A.R.T Goal Sheet

(Teacher Copy)

Student Name:_____ Date:_____

Foundational Grade Level Skill:_____**Inferencing**_____

Today, my child_____ In 60 days, I want my child to

_____

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

_____

Academic Parent-Teacher Teams (APTT)

Family S.M.A.R.T Goal Sheet

(Parent Copy)

Student Name:_____ Date:_____

Foundational Grade Level Skill:_____**Inferencing**_____

Today, my child_____ In 60 days, I want my child to

_____

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

_____