

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

Student ID Number: \_\_\_\_\_



The Family Institute for Health and Human Services



### 2018-2019 STUDENT'S GOALS

1. **Student Long Range Educational/Academic Goal(s):** (Ensure that this is an outcome desired by the student)

**WHAT** (Support/Interventions does Project CARES need to put in place to help student Achieve (his or her) Goals)

Math & Language Assessment	Pre-Assessment Baseline Data	Goal: where student should be now?	Mid-Year Evaluation Data	Post-Assessment Data	What has been the student's progress towards math and reading goals based on web-based platforms that PC is using
Language Pre-Assessment Score					
Math Pre-Assessment Score					

2. **Student's Social/Emotional need(s):** (Ensure that this is an outcome desired by the student and there guardian(s):

HOW can PC help support student's Short Range Goals	WHO IS RESPONSIBLE	FREQUENCY OF GOAL MONITORING		
We have community partners and resources to assist program participants and their families meet many of their social/emotional needs.	PC staff, students, parents	Quarterly		
<b>HOW</b> (Support/Intervention) Please contact Project C.A.R.E.S. Parent Engagement Coordinator assigned to your site if you need the following assistance:				
Social & Emotional Needs	Yes or No	Status of Need	Date Need Reviewed	Progress toward need and justification for continuation or discontinuation of need.
Family Counseling				
Drug Counseling				
Grief Counseling				
Housing				
Child Care				
Clothing				
Food Bank				

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

Student ID Number: \_\_\_\_\_

3. **Student's Long Range Career Goal(s):** (Ensure that this is an outcome desired by the student)

--

HOW can PC help support student's Short Range Goals	WHO IS RESPONSIBLE	FREQUENCY OF GOAL MONITORING		
We have community partners and resources to assist program participants and their families meet many of their career goals.	PC staff, students, parents	Quarterly		
<b>HOW</b> (Support/Intervention) Please contact Project C.A.R.E.S. Parent Engagement Coordinator assigned to your site if you need the following assistance:				
Student's Career Goals	Indicate Yes or No	Status of Goal	Date Goal Reviewed	Progress toward goal and justification for continuation or discontinuation of goal.
Going to college				
Going to a trade school				
Joining the Military				
Seeking Employment				
Starting a Business				
Uncertain or Other please explain				
<b>Status Codes:</b> R=Revised                    O=Ongoing                    A=Achieved                    D=Discontinued				

<b>IV. SIGNATURES OF OTHER CARE TEAM MEMBERS PARTICIPATING IN DEVELOPMENT OF MY GOAL PLAN:</b>		
Student Name:	_____	Date: ___ / ___ / ___
Parent/Guardian:	_____	Date: ___ / ___ / ___
PC Staff	_____	Date: ___ / ___ / ___
Other Team Member (Name/Role):	_____	Date: ___ / ___ / ___
Other Team Member (Name/Role):	_____	Date: ___ / ___ / ___