

# Family & Teacher Goal-Setting Form

Fill out this form together to create a plan for supporting your child's skills.

|                |        |
|----------------|--------|
| Teacher:       | Child: |
| Family Member: | Date:  |

**1 The child needs additional support, practice, and/or challenge in the following skills** (identified by developmental checklist, academic assessment, classroom or family observation, etc.):

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**2 Skills that we will focus on (choose two to three from list above).**

**TARGET SKILL #1:**

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**TARGET SKILL #2:**

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**TARGET SKILL #3:**

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**3 Our goals for supporting the child in these skills** (use reverse side of paper if needed):

What the teacher will do to help the child grow in these skills:

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What the family will do at home to help the child grow in these skills:

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**4 We will talk about how things are going by \_\_\_\_\_ .**

[Date]