



Student Name: _____

Language learning goal <i>(Check one or more areas for each goal)</i>	Steps to complete goal	How others will help <i>(friends, teachers, family, etc.)</i>	Deadline for goal completion	Evidence of goal completion or progress <i>(assignments, quizzes, homework, etc.)</i>	Check-in and review dates
Goal: <div> <input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Writing </div>					

Language Learning Goals_(continued)

Language learning goal <i>(Check one or more areas for each goal)</i>	Steps to complete goal	How others will help <i>(friends, teachers, family, etc.)</i>	Deadline for goal completion	Evidence of goal completion or progress <i>(assignments, quizzes, homework, etc.)</i>	Check-in and review dates
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