



Individual Goals & Learning Plan

for: _____

Date: _____ Fiscal Year: _____

Program (circle one): **ABE** **ESL**

What are your goals? What would you like us to help you achieve?

Education:

	* Learn to read?
	Improve reading ability /skills?
	Improve reading comprehension ?
	Improve oral/speaking communication skills?
	Improve written communication skills?
	Improve math skills?
	*Complete GED program?
	*Enter a Postsecondary/Training program?
	Other?

Employment:

	* Get a job/enter employment?
	Retain employment?
	Get a better job or a * promotion ?
	*Leave Public Assistance/become self-supportive
	Other?

Daily Life:

	Improve self-confidence /self-esteem?
	*Get a drivers' license ?
	Improve basic skills (reading a recipe, email, etc)?
	*Obtain a library card ?
	Other?

**Denotes major or long-term goals/accomplishments*



Family:

	Read to your child ?
	Help child with school work/homework ?
	Be more involved with child's educational activities (<i>Field trips, etc</i>)?
	Other?

Community:

	* Vote or register to vote?
	*Obtain US citizenship ?
	Participate in worship services ?
	Become involved in community activities (<i>neighborhood watch, volunteer, etc</i>)?
	Other?

Of all the items checked, what are your TOP THREE, most important goals that need to be met first?

1	
2	
3	