

Student Name:

METS STAFF:

Student Type: OSY DO D+

METS:

Goal-Setting

-  **S**PECIFIC, SIGNIFICANT, STRETCHING
-  **M**EAUREABLE, MEANINGFUL
-  **A**CTIONABLE, AGREED-UPON, ATTAINABLE
-  **R**ELEVANT, REALISTIC, RESULTS-ORIENTED
-  **T**IME-BOUND, TANGIBLE, TRACKABLE

<p>Instructional Focus Areas:</p> <p><input type="checkbox"/> ESL/ENL <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Life Skills <input type="checkbox"/> P.A.S.S. <input type="checkbox"/> Health Education</p>	<p>Long-term Goal:</p>
<p>Referral and/or Academic Support:</p> <p><input type="checkbox"/> High School Diploma <input type="checkbox"/> Job Training <input type="checkbox"/> CAMP <input type="checkbox"/> HEP <input type="checkbox"/> Other: <input type="text"/></p>	<p>Short-term Goal:</p>
<p>Short-term Goal Started: <input type="text"/>/ <input type="text"/>/ <input type="text"/> Short-term Goal Ended: <input type="text"/>/ <input type="text"/>/ <input type="text"/></p>	

Instruction: Identified steps and/or actions to be taken to achieve short-term goal(s).
 Has the student made any progress toward their goal?: Yes No If "NO", Student did not participate Student left the area

	Steps/Actions	Completed Y/N	Progress Comments
1		<input type="checkbox"/> Y <input type="checkbox"/> N	
2		<input type="checkbox"/> Y <input type="checkbox"/> N	
3		<input type="checkbox"/> Y <input type="checkbox"/> N	
4		<input type="checkbox"/> Y <input type="checkbox"/> N	
5		<input type="checkbox"/> Y <input type="checkbox"/> N	
6		<input type="checkbox"/> Y <input type="checkbox"/> N	
7		<input type="checkbox"/> Y <input type="checkbox"/> N	

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