

# Goal Setting (Version 6)

Student	Grade/Class	Teacher	Date
Classroom Teachers		Previous Teachers	
Parent/Guardian	Address	Email	Phone

## I. Student target behaviors and expectations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## II. What alternative behaviors can you use?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## III. Plan implementation

Who is responsible?	What needs to be done?	When will it happen?	How will it be evaluated?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## IV. Student choices

Responsible choices	Consequences	Irresponsible choices	Consequences
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. Evaluation criteria**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**VI. Interagency support**

Who was contacted?	Suggestions	Follow-up or support
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VII. Student agrees to**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**VIII. Family agrees to**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**IX. Interventionist agrees to**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date

_____	_____	_____	_____
Interventionist Signature	Date	Other Signature	Date

Contract review date \_\_\_\_\_ Contract review date \_\_\_\_\_