Great Start Readiness Program

Student Goals

Parents are a major part of the learning process and we want to ensure that our students are moving forward in their kindergarten readiness skills. With this in mind, please list a goal in each of the areas below that you would like to see your child moving toward.

Child’s Name: _____________________________    Age: __________

Academic Goal (ex: writing, reading, listening, problem solving, fine/gross motor)

________________________

Social-Emotional Goal (ex: play well with others, independence, sense of self)

________________________

Parent Signature: _____________________________    Date: __________