

DIRECTED STUDY WEEKLY GOAL SHEET

NAME _____ GRADE _____ SEMESTER _____

TEACHER _____ PERIOD _____

I PLAN TO COMPLETE BY THE END OF WEEK: ____/____/____ **COMPLETED**
(If not, reason below)

1. _____

2. _____

3. _____

4. _____

5. _____

Materials Needed:

Back-up Plan:

STUDENT COMMENTS:

TEACHER COMMENTS: