

ADVOCACY GOAL SETTING FORM— Spring 2019 (Six Week Review)

Name: _____ Grade Level: _____ Date: _____ Advocacy Advisor: _____

Course/ Six-Week Grade	Obstacles/ or Concerns	Successes/Achievements	Short Term Goals/POA (for this new six weeks)

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Course/Six-Week Grade	Obstacles/ or Concerns	Successes/Achievements	Short Term Goals/POA
Signatures	Student: _____ Advisor: _____ Date: _____		