





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