

Goal Summary Sheet

Center: _____

Instructions for completion: In the first column, list each child's individual goals. In the second column, describe how each specific goal will be targeted throughout the day. Include this form with lesson plan submission.

Name:	Targeted Activity:
F/GM:	
L/L:	
M/S:	
S/S:	
Name:	Targeted Activity:
F/GM:	
L/L:	
M/S:	
S/S:	
Name:	Targeted Activity:
F/GM:	
L/L:	
M/S:	
S/S:	
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