Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| GOALS | OUTCOMES- YES/NO |
| I started my work on time. | Yes or No |
| I didn’t give up on hard material. | Yes or No |
| I listened to the teacher. | Yes or No |
| I wrote in my best handwriting. | Yes or No |
| I worked well with my peers. | Yes or No |
| I was cooperative at group times. | Yes or No |
| My goal is  | Were the answers yes to all of the above? If yes, that is awesome! If no, keep trying. |
| I have earned |

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