

# 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
<b>Signatures</b>	<b>Student:</b> _____ <b>Advisor:</b> _____ <b>Date:</b> _____		