Name _____

Goal Sheet

Identify your student's goals by circling or highlighting an entire row.

Boxes Filled	15-Second Placement Probe	1-Minute Daily Test	2-min Annual Goal for IEP
18 or less	Place into *Rocket Writing for Numerals* to improve writing speed		
18	4	19	38
20	5	20	40
21	5	21	42
22	5	22	44
23	5	23	46
24	6	24	48
25	6	25	50
26	6	26	52
27	6	27	54
28	7	28	56
29	7	29	58
30	7	30	60
31	7	31	62
32	8	32	64
33	8	33	66
34	8	34	68
35	8	35	70
36	9	36	72
37	9	37	74
38	9	38	76
39	9	39	78
40	10	40	80
41*	10	41	80
42*	10	42	80
43*	10	43	80
44*	11	44	80
45*	11	45	80
46*	11	46	80
47*	11	47	80
48*	12	48	80
49*	12	49	80
50*	12	50	80
51*	12	51	80
52*	13	52	80
53*	13	53	80
54*	13	54	80

*Try to reach your goal for up to six days. After the sixth day, if you are able to surpass 40 in a minute without an error, advance onto the next letter.

Write your STARTING goals here

Whenever you beat your goal, cross it out and write down your new "record score" as your goal.

My goal for 15–second Placement Probe_____

My goal for a One-Minute Daily Test_____

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