Student Study Skills Improvement Plan

Date:		Student:		
Study Skill You Plan to Improve:				
What Will You [Do To Improve; What is You	r Plan?:		
How Well Did Your Plan Go? (circle the best answer)				
1. Very Well	OK but Still More to Go	Not Well		
2. Very Well	OK but Still More to Go	Not Well		
Take a new planning sheet and list your next set of goals. You can choose all new goals, keep some and add some, or keep all of your current goals and work to improve them.				
Your Signature:				
Your Improvement Partner's Signature:				
Your Improvement Group Members' Signatures:				
Your Improvement Group Members' Signatures:				
Your Teacher/Mentor's Signature:				
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Character-Social-Emotional Competency Improvement Plan

Date:		Student:		
Character Virtue-Social-Emotional Competency You Plan to Improve:				
What Will You I	Do To Improve; What is You	r Plan?:		
How Well Did Your Plan Go? (circle the best answer)				
1. Very Well	OK but Still More to Go	Not Well		
2. Very Well	OK but Still More to Go	Not Well		
Take a new pla	nning sheet and list your ne	xt set of goals. You can choose all new goals, keep		
some and add	some, or keep all of your cur	rrent goals and work to improve them.		
Your Signature:				
Your Improvement Partner's Signature:				
Your Improvement Group Members' Signatures:				
Your Improvement Group Members' Signatures:				
Value Tanahau/Mantau/a Cisus atuura				
Your Teacher/Mentor's Signature:				
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and Linda Bruene Butler. Research Press Publishers.				

Physical Health Improvement Plan

Date:		Student:		
Physical Attribute/Health Behavior You Plan to Improve:				
What Will You Do To Improve; What is Your Plan?:				
How Well Did Y	our Plan Go? (circle the bes	et answer)		
1. Very Well	OK but Still More to Go	Not Well		
2. Very Well	OK but Still More to Go	Not Well		
Take a new planning sheet and list your next set of goals. You can choose all new goals, keep some and add some, or keep all of your current goals and work to improve them.				
Your Signature:				
Your Improvement Partner's Signature:				
Your Improvement Group Members' Signatures:				
Your Improvement Group Members' Signatures:				
Your Teacher/Mentor's Signature:				
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Community Member Improvement Plan

Date:		Student:		
Aspect of Citize Improve:	nship in Your Classroom/Ex	tracurricular Group/School/Community You Plan to		
What Will You Do To Improve; What is Your Plan?:				
How Well Did Your Plan Go? (circle the best answer)				
1. Very Well	OK but Still More to Go	Not Well		
2. Very Well	OK but Still More to Go	Not Well		
Take a new planning sheet and list your next set of goals. You can choose all new goals, keep some and add some, or keep all of your current goals and work to improve them.				
Your Signature:				
Your Improvement Partner's Signature:				
Your Improvement Group Members' Signatures:				
Your Improvement Group Members' Signatures:				
Your Teacher/Mentor's Signature:				
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