Academic Parent-Teacher Teams© (APTT)
Family S.M.A.R.T. Goal Sheet
(Teacher Copy)

Child:	**Date:**
Skill:	

Today my child

_____.

By the next APTT meeting, I want my child to

_____.

To help my child reach the goal _____ will practice with my child. (person)	
Number of days per week:	How long each day:

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