

## Planning and Goal Sheet

Student Name: \_\_\_\_\_

**PEP** General Review:

Positive (what is a specific thing going well at home / school):

Encouragement (what is a specific thing you want to keep developing or gain skill/ability in at home / school)

Positive (what is one other specific thing going well at home / school)

What are your specific goals / plans for summer?

What are your specific goals / plans for next school year?

What 2-3 strategies will you use when there are problems / issues that arise at home / school?

What resources / Sources of Strength do you have available to you that will support your efforts (family support, mental health, medical access, spirituality, generosity, healthy activities, mentors, positive friends)? Be specific.

My Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian / Counselor Signature(s) \_\_\_\_\_ Date \_\_\_\_\_