



MY Educational Plan



Your Name _____

Date _____.

1. What do you do best?

2. What do you find difficult to do?

3. What are your academic goals for school this year?

4. What will you do to reach these goals and do better in school?

5. Do you enjoy going to school? Why or Why not?

6. How do you study at home?

7. Comments/concerns:

Your Signature
