
Student Name: Last, First, M.I.

Grade

Teacher Name

Dear Parent/Guardian,

In an effort to better meet your child's needs and to assist them in being successful at school, your child's teacher has initiated the Student Focus Team Process. This is a building-level process that is team-based, and includes a collaborative effort on the part of a variety of staff members and your family. At Davis, we believe in the power of teams and working together to help our students succeed. As the parent/guardian, you play a major role in this work. We can't do what we do without you!

An important part of this process is to begin by setting a SMART Goal to help your child target a specific area of growth. A SMART Goal is *specific, measurable, attainable, relevant, and timely* - S.M.A.R.T. As a team, we have put our heads together to develop a draft goal(s) to address a specific area of growth, which may be found on the opposite side of this form. However, you may see something very different at home and in other settings with your child. As such, we would like to invite your feedback before moving forward in working with your child to achieve the goal.

You are the most significant person in your child's life, and our team believes in regular and open communication with your family. Therefore, after reviewing and providing feedback on this goal, you can expect to be kept informed of the team's efforts via your child's teacher as we work to help him or her grow.

Please review the proposed SMART Goal, on the back of this form, and provide your written feedback; then, please indicate how you would like our team to proceed by selecting one of the options below and providing your signature.

Thank you for entrusting Davis Elementary with the continued education of your child!

-Davis Elementary Student Focus Team

Please Check One:

- ☐ I have reviewed the proposed SMART Goal, as detailed on the back of this document and fully support it.
- ☐ I have reviewed the proposed SMART Goal, as detailed on the back of this document and have provided written feedback and suggestions that I would like to be considered as part of the plan. Please modify and return to me for further consideration.
- ☐ I have reviewed the proposed SMART Goal, as detailed on this document. However, **I do not** support it at this time.

Parent/Guardian Name

Signature

Date

Student Name: _____ Grade: _____ Teacher: _____

GOAL GENERATOR

Specific

What are you seeking to accomplish with the student? (Answer who, what, when, where & how):

Measurable

How will you collect and track data? How will you know you are making progress toward attaining the goal:

Attainable

How is this reasonably attainable? What research-based approach will you utilize?

Relevant

Why is this an important goal for the student?

Time-Bound

Please set a timeline for implementing this goal.