

GUAJOME LEARNING CENTERS
Monthly Goals and Objectives - _____, 20____
 Page: ____ of ____

Student: _____ Grade: ____ Parent/Guardian Signature/Date: _____
 Instructional Manager: _____ Student Signature(18+): _____
 Lead Teacher: _____

Subject							
Monthly Learner Goals							

Scheduled Meeting Date: _____ Time: _____ Place: *GLC* *HV* *Other* _____ **NM**
 Canceled By: _____ Reason: _____ **NS 1 2 3**

Objective							
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Scheduled Meeting Date: _____ Time: _____ Place: *GLC* *HV* *Other* _____ **NM**
 Canceled By: _____ Reason: _____ **NS 1 2 3**

Objective							
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Objective							
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Daily Work							
Test Score							
Auth Assm Score							
Monthly Grade							
Credits To Date							