

Name _____

Career Education—S.M.A.R.T. Goal Reflection

Date _____

Gather these materials: your S.M.A.R.T. Goal graphic organizer and your calendar(s).

Think back over the past week.

Do you notice that the daily action you are taking is having a positive impact? Y / N (circle one)

If yes, describe the impact. **If no**, what do you think isn't working?

Do you need to adjust or change your daily action? Y / N

If yes, what is your new daily action?

Consider the possible obstacles you pre-thought (page 2 of your graphic organizer). Have you encountered any of those obstacles? Y / N

Did your solution(s) work? Y / N

If no, what new solution might you try?

Did you encounter any new obstacles? If so, what?

What solution(s) might you use if you encounter that obstacle/those obstacles again?

Do you need to revise your goal? Y / N

If yes, come see Prof. Ogion to discuss.