Core Competency Goal Self-Assessment

Student Name: Click or tap here to enter text. Date: Click or tap to enter a date.

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| **Inclusive Goal Area** | Click or tap here to enter text. | | |
| **Core Competency** | Click or tap here to enter text. | | |
| **Core Competency Goals & Objectives** | **I feel confident** | **I feel like I need to keep practicing** | **I feel like I need support** |
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| **The core competency goal I want to work on this term is:**  Click or tap here to enter text.  **What are some actions I can take to work on this goal at school? At home? In my community?**  Click or tap here to enter text. | | | |