STAR Mentor Program

LONG TERM GOAL COMMITMENT FORM
Please hang on to this sheet and bring it to your next meeting to discuss with your mentor. Thank you!

NAME: ________________________ DATE: ________________________

Mentor’s name and contact information:
________________________________________________________________
________________________________________________________________
________________________________________________________________

1. What is one area of your class performance that you really want to improve? (This is your long term goal. It may take several weeks, months, or even a whole school year to improve this goal.)
________________________________________________________________
________________________________________________________________
________________________________________________________________

2. This goal is important to me because...
________________________________________________________________
________________________________________________________________
________________________________________________________________

3. What is one thing you can do NOW to help you reach your long-term goal? (This is your short-term goal. You should be able to accomplish this goal in 2-4 weeks.)
________________________________________________________________
________________________________________________________________
________________________________________________________________

4. What steps do you need to do to reach your long-term goal?
________________________________________________________________
________________________________________________________________
________________________________________________________________

5. What things or people might keep you from reaching your goal(s)? These are your obstacles.
________________________________________________________________
________________________________________________________________
________________________________________________________________
6. What can you do to get around your obstacles? These are your solutions.

__________________________________________________________________________

__________________________________________________________________________

7. What special materials, or help, do you need to reach your goals? These are your resources.

__________________________________________________________________________

__________________________________________________________________________

8. How will you reward yourself when you achieve your goal(s)? These are your incentives.

__________________________________________________________________________

__________________________________________________________________________

9. How and when will you check on your progress toward your goal(s)? Who will help you to check on your progress?

__________________________________________________________________________

__________________________________________________________________________

_________________________                                      ________________________
Checkpoint Date #1.  ____________________________________________________________________  Checkpoint Date #2.

__________________________________________________________________________

I, ___________________________, am committed to working toward my long-term goal(s).

STAR Student Signature:

__________________________________________________________________________

Mentor Signature:

__________________________________________________________________________

Today’s Date:

__________________________________________________________________________