WEEKLY 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: ___________________

NEXT MEETING TIME: __________________________________________

GOAL: _______________________________________________________

Three things I can do this week to help achieve my goal:
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________

Challenges or obstacles that would prevent the achievement of my goal:
1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________

FOLLOW UP: To be filled out at the next meeting with your mentor
Did I meet the goal?  Yes __________ No __________
If yes, what contributed to me meeting my goal?  __________________________________________
If no, what prevented me from meeting my goal?  __________________________________________