





**Goal Sheet for ESL 1**

Name \_\_\_\_\_ Date \_\_\_\_\_

ESL Group Leader or Talk Time Leader \_\_\_\_\_





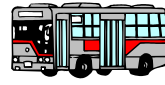

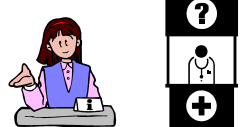


**How is your English now?**

Please put a check ✓ next to your answers.

	☺	☹	☹
	Very much	Some	Not at all
I understand when people speak English. 			
Other people can understand my English. 			
I understand what I read in English. 			
I can express myself in writing English. 			
Do you have a job? <input type="checkbox"/> yes <input type="checkbox"/> no			
I can use English on my job.			

**What do you want to learn?**

Please put a check ✓ next to your answers.

Family	Community	Work
<input type="checkbox"/> Talk to my child's teacher 	<input type="checkbox"/> Read community signs 	<input type="checkbox"/> Talk to supervisor 
<input type="checkbox"/> Help child with homework 	<input type="checkbox"/> Read the bus schedule 	<input type="checkbox"/> Talk to co-workers 
<input type="checkbox"/> Write a letter 	<input type="checkbox"/> Ask for help 	<input type="checkbox"/> Talk to customers 
<input type="checkbox"/> Read and pay bills 	<input type="checkbox"/> Talk to others 	<input type="checkbox"/> Read simple forms/notices 