





Goal Sheet for ESL 2

Name _____ Date _____

ESL Group Leader or Talk Time Leader _____



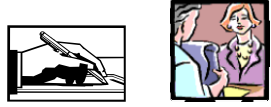


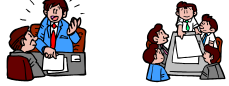






How is your English now?

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"/> Help child in school 	<input type="checkbox"/> Read community signs 	<input type="checkbox"/> Apply for a job 
<input type="checkbox"/> Find information 	<input type="checkbox"/> Talk to others 	<input type="checkbox"/> Talk to people at work 
<input type="checkbox"/> Read letters and important documents 	<input type="checkbox"/> Ask for help 	<input type="checkbox"/> Understand directions 
<input type="checkbox"/> Talk to doctor 	<input type="checkbox"/> Read information about transportation 	<input type="checkbox"/> Report problems 
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____