

Goal Sheet for ESL 3

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 <i>(talk to teacher, help with child's homework, participate in parent conferences)</i>	<input type="checkbox"/> Participate in community events	<input type="checkbox"/> Apply for a job <i>(research job openings, fill out job application, job interviews)</i>
<input type="checkbox"/> Find information <i>(use phone book or internet)</i>	<input type="checkbox"/> Write messages <i>(to teacher, landlord, store manager)</i>	<input type="checkbox"/> Talk to people at work <i>(supervisor, co-workers, customers)</i>
<input type="checkbox"/> Read letters or important documents <i>(bills, mail, etc.)</i>	<input type="checkbox"/> Ask for help <i>(neighbors, friends, police)</i>	<input type="checkbox"/> Understand directions
<input type="checkbox"/> Talk to doctor <i>(fill out forms, express pain, read prescriptions)</i>	<input type="checkbox"/> Find information about transportation <i>(bus schedules, taxi, emergencies)</i>	<input type="checkbox"/> Report problems <i>(injury or accident)</i>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____