



TRAINING GOAL DATA SHEET

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Client Name: _____

Local Case #: _____

Location: _____

Start Date: _____

Facilitator(s): _____

End Date: _____

MONTH: _____ 2014

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
+/-																															
Initials																															

(+) = task completed (-) = task not completed (X) = absent/day hab not attended

Training Goal #1: _____

Training Goal #2: _____

Training Goal #3: _____

END OF MONTH ASSESSMENT

- Continue working on training goal(s) through end date.
- Training goal(s) achieved consistently and favorably.
- Training goal(s) is not achieved, extend past end date.

¹Total Days Objective Achieved: _____

²Total Days Day Hab Attended: _____

Percentage of Goal Accuracy: _____% (Total 1 ÷ Total 2)

Previous Month Accuracy: _____%

Progress Overall: Yes No

Comments: _____

Facilitator Signature

Date