

Student's Name \_\_\_\_\_

### DRA Goal Sheet

Date	Kinder						1st								2nd							
Reading Level	A	1	2	3	4	6	8	10	12	14	16	18	20	24	24	28	30	34	38	40	42	44
End of previous school year																						
Week 3																						
Week 6																						
1st Qtr																						
Week 3																						
Week 6																						
2nd Qtr																						
Week 3																						
Week 6																						
3rd Qtr																						
Week 3																						
Week 6																						
EOY																						

What can I do to reach my goal?

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