**Outcome/Goals Sheet for Comprehension Monitoring**

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| **Child’s Name:** | | | | | | | **DOB:** | | | | | | |
| **Date of initial Rating:** | | | | | | | **Date of Final Rating:** | | | | | | |
| **Goal/Outcome**  *(To be edited/deleted to meet the child/young person’s needs)* | | | | | **Strategies to meet goal** | | | | | | | | |
| 1. To be able to identify when they have not understood information presented verbally/written. 2. To be able to identify strategies to seek help. 3. To be able to use a range of strategies to seek help. | | | | | A member of the class team will:   * Attend the Comprehension Monitoring learning workshop prior to setting up and running a group. * Run the Comprehensin Monitoring Group with 3-5 children/young people for 30 minutes weekly over a 14-week period. * Complete a pre and post goal rating using the scale below. | | | | | | | | |
| **My Goal Progress** | | | | | | | | | | | | | |
| **Goal not met at all** | 0 | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 | **Goal reached** |
|  |  |  |  |  |  | |  |  |  |  |  |

Copies shared with: Parents, Class teacher, SENCo, LSA