**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.
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| **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