

SMART Goal Reflection Lesson "Exit Ticket"

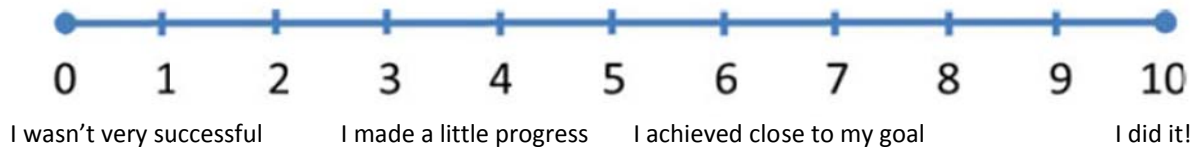
Student name: _____

1. Which type of SMART goal did you set? Check from choices below.

- | | | |
|--|--|--|
| <input type="checkbox"/> Eat breakfast | <input type="checkbox"/> Drink fewer sugary drinks | <input type="checkbox"/> Eat less junk/fast food |
| <input type="checkbox"/> Spend less time sitting | <input type="checkbox"/> Be physically activity | <input type="checkbox"/> Eat fruits and vegetables |
| <input type="checkbox"/> Turn negative thoughts into positive ways to deal with challenges | | |

Other(s): _____

2. How successful were you in reaching your SMART goal? Circle the number that best represents you.



3. How difficult was it to work toward your SMART goal? Circle the number that best represents you.



4. Did you experience any obstacles while you worked toward your SMART goal? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> I did not have enough time | <input type="checkbox"/> I kept forgetting | <input type="checkbox"/> My friends made it hard |
| <input type="checkbox"/> I lost interest | <input type="checkbox"/> I didn't believe I could do it | <input type="checkbox"/> I got bored |
| <input type="checkbox"/> I just couldn't make it work | <input type="checkbox"/> I didn't know how to make it work | <input type="checkbox"/> I couldn't work it into my routine |

Other(s): _____

5. List at least one strategy that helped you get closer to your SMART goal:

6. How has working toward your SMART goal affected the following for you?

Your health	<input type="checkbox"/> Got better	<input type="checkbox"/> Stayed the same	<input type="checkbox"/> Got worse	Briefly describe:
Your energy level	<input type="checkbox"/> Got better	<input type="checkbox"/> Stayed the same	<input type="checkbox"/> Got worse	Briefly describe:
Your eating habits	<input type="checkbox"/> Got better	<input type="checkbox"/> Stayed the same	<input type="checkbox"/> Got worse	Briefly describe:
Your mood	<input type="checkbox"/> Got better	<input type="checkbox"/> Stayed the same	<input type="checkbox"/> Got worse	Briefly describe:
Your self-confidence	<input type="checkbox"/> Got better	<input type="checkbox"/> Stayed the same	<input type="checkbox"/> Got worse	Briefly describe:

HCID: _____ Date: _____ Time: _____ AM | PM

[This section to be completed by HC Coordinator]