



My Learning Challenge

www.mylearningchallenge.com

Student: _____ Grade: _____

Teacher: _____ School: _____

My Challenges

Scores	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
	30																								
	20																								
	Top and Average Scores	Top	Avg	Top	Avg		Avg	Top	Avg	Top	Avg	Top	Avg	Top	Avg	Top	Avg	Top	Avg	Top	Avg	Top	Avg	Top	Avg
Student Goal																									
Challenge Code																									
Cut Date																									

My Plan of Action

I will:	Resources:	Important dates:
I will:	Resources:	Important dates:

Date: _____

Student signature: _____

Teacher signature: _____

Date: _____

Student signature: _____

Teacher signature: _____