

**JOHN GLENN MIDDLE SCHOOL
TARGETED SERVICES PROGRAM**

Student's Name: _____ **Grade:** _____

PARENT/STUDENT GOAL SUGGESTIONS: (please check appropriate boxes)

- The student will improve his/her cognitive abilities
- The student will improve his/her problem-solving skills
- The student will improve his/her social skills
- The student will improve his/her ability to recognize complex patterns
- The student will improve his/her higher order thinking skills, discipline, and creative resolution methods.
- Other:

UNIQUE TALENTS/STRENGTHS/INTERESTS: (please list your child's unique traits)

Parent Signature

Date

Student Signature

Date

(Return to main office.)