|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |
| End Time |  | | | | | |
|  |  |  |  |  |  |  |
| How well did you complete each goal? | | | | | | |
|  |  | Not at all | Very little | Somewhat | Quite a bit | Completely |
| Goal 1 (check one) | |  |  |  |  |  |
| Goal 2 (check one) | |  |  |  |  |  |
| Goal 3 (check one) | |  |  |  |  |  |
| Goal 4 (check one) | |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Comments |  | | | | | |
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