|  |  |
| --- | --- |
| 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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