

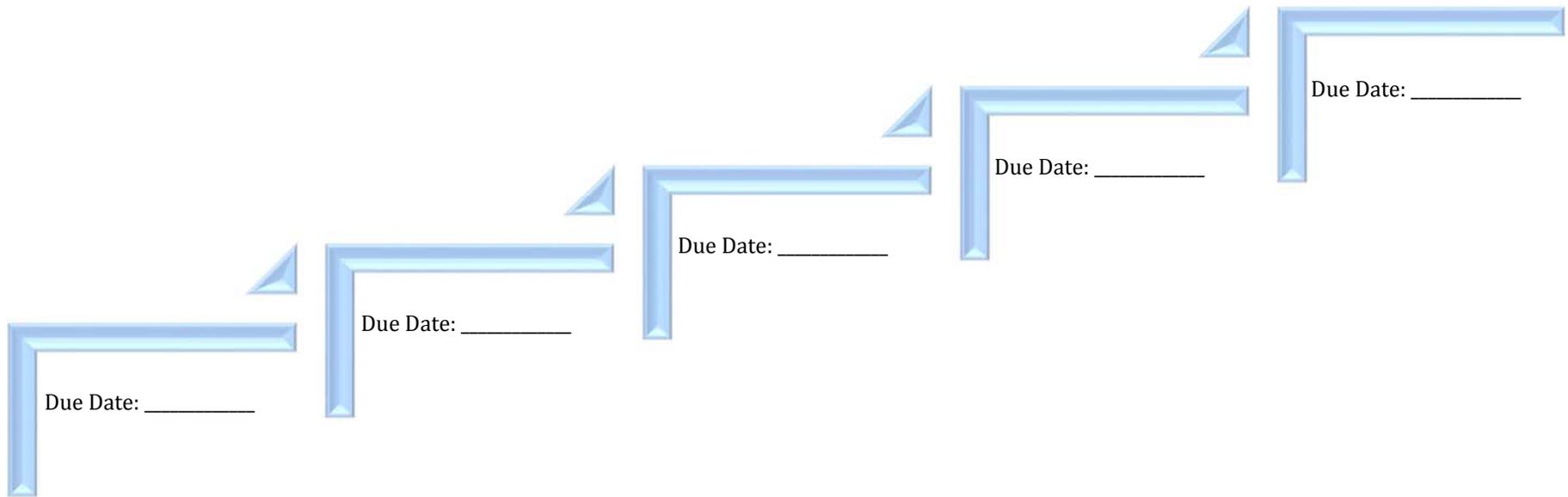
Participant's Name: _____ Case Number: _____ Date: _____

My Goal is: _____ **Due Date:** _____

What strengths will I use to accomplish my goal: _____

Check the goal and action steps against SMART criteria: Specific Measureable Attainable Relevant Time-based

Instructions: Once you develop your goal, identify the action steps that you will need to achieve along the way. Your action steps should also meet the **SMART** criteria.



Date of next appointment: _____ Was this goal obtained or discontinued?: YES NO If yes, date: _____

If no, what stopped you? _____