

Participant's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

**My Goal is:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

Check the goal and action steps against SMART criteria (all must be checked):

Specific  Measureable  Attainable  Relevant  Time-Limited

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.

STRENGTH ASSOCIATED	ACTION STEPS TO ACHIEVE YOUR GOAL	TARGET DATE	DATE COMPLETED	SMART CRITERIA
	1.			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> T
	2.			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> T
	3.			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> T
	4.			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> T
	5.			<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> T

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

If no, what stopped you? \_\_\_\_\_