Participant’s Name: ________________________________ Case Number: __________________________

My Goal is: ____________________________________________________________________________ Date: __________

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? _____________________________________________________________