



GOAL SETTING

NAME: _____ DATE: _____

TOPIC: _____

LONG TERM GOALS	WHY?	Is It Obtainable?	By when?
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	

SHORT TERM GOALS	WHY?	Is It Obtainable?	By when?
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	

IMMEDIATE ACTIONS	By when?