healthy families rhode island

My Goal Plan

-Follow Up on My Existing Goal-

Name: _____ **Date of Today's Visit:** _____

Form 2:

GOAL:	
1. What STEP(s) did I make towards accomplishing my goal?	
2. What and who SUPPORTED ME reaching my accomplishment(s)?	
3. How IMPORTANT is this goal to me? *(Revisit rating & rationale from Form 1- any change?)*	**1 2 3 4 5 6 7 8 9 10** **Not at all** **Kind of** **Extremely** **Rationale:**
4. I followed up on recommended REFERRAL(s) by…	
5. What BARRIER(s) got in the way of accomplishing my step(s) since my last visit?	
6. What can I do to OVERCOME the barrier(s)?	
7. How can my FSW SUPPORT me?	
8. Who else will SUPPORT me as I continue to work towards accomplishing my goal?	
9. Are there any steps that need to be ADDED or ELIMINATED for me to accomplish my goal?	

What else is going well that I want to maintain?