healthy families rhode island

# MY GOAL PLAN

## - Initiating a New Goal -

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

**Form 1:**

| | |
|---|---|
| 1. WHAT do I want to accomplish? | |
| 2. By WHEN do I want to accomplish this goal? | |
| 3. How IMPORTANT is it to me to work towards this goal? | 1 2 3 4 5 6 7 8 9 10<br>Not at all Kind of Extremely |
| 4. The MOST IMPORTANT reason for reaching this goal is… | |
| 5. What STRENGTHS and RESOURCES do I have that will help me accomplish this goal? | |
| 6. What OBSTACLES could get in the way of achieving this goal? | |
| 7. What WILL I DO if this happens? | |
| 8. Who will SUPPORT me? | |
| 9. REFERRALS made that will help me accomplish my goal: | |
| 10. STEPS to take to accomplish my goal: | STEP 1: |
| | STEP 2: |
| | STEP 3: |
| | STEP 4: |

| | |
|---|---|
| I AM NO LONGER WORKING ON THIS GOAL BECAUSE: | I ACCOMPLISHED IT! ☐ |
| | MY PLANS CHANGED BUT I ACCOMPLISHED… |