

## Goal Setting Plans of Action

Name: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

A. Statement of the Problem or Situation:

B. Goals or Desired Outcomes:

### Short-Term Goal (3-6 month)

1. \_\_\_\_\_

Action Plan...Steps to Achieve

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

### Intermediate-Range Goal (6 month – 1 year)

2. \_\_\_\_\_

Action Plan...Steps to Achieve

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

### Long-Term Goal

3. \_\_\_\_\_

Action Plan...Steps to Achieve

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_