

# ★ GOAL PLANNING FORM ★

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**OBJECTIVE:**

**TODAYS DATE:**

**TARGET DATE:**


**GOAL:** Is it - Specific, Measurable, Achievable, Realistic and Time Bound?


**WHY:** What's in it for me or others? What can be gained or avoided by achieving this goal!


**What** can PREVENT this goal from being achieved?


**What** are some ways to OVERCOME these issues?


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**CONSIDER:** Which people are involved in this goal?


**CONSIDER:** Where does this goal take place?


**CONSIDER:** What resources are necessary for this goal to happen?


WHAT'S INVOLVED?	The Key Steps to Achieving the Goal	Priority	Date Due	Date Done
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Will I Commit to Achieving this Goal? ☐ YES ☐ NO

Signed:

Date: