

# Goal Action Plan

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

Date: \_\_\_\_\_

SMART Criteria:  Specific    Measurable    Attainable    Relevant    Time-Bound

What goal do I want to achieve? \_\_\_\_\_

\_\_\_\_\_ Target Date: \_\_\_\_\_

Why is this goal important to me? \_\_\_\_\_

\_\_\_\_\_

Action Steps	Target Date	Recognition	How will we know it's done?	Done?
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>

How will we know the goal is done? \_\_\_\_\_

Recognition: \_\_\_\_\_

What is your main potential challenge to achieving this goal? What is one thing you can do to overcome this challenge?

\_\_\_\_\_

\_\_\_\_\_