

State Goal: Action Steps	Review Date	Review Consumer's satisfaction with goal progress and service they have received so far (note comments below)	Date Action Step Completed
Step 1:			
Step 2:			
Step 3:			
Step 4:			

To be completed when work on this goal has ended:

I felt I was successful in achieving my goal / I felt I was unsuccessful in achieving my goal

Please circle:

I feel my independence increased on a level of one to five , with five being the highest so far:

1 2 3 4 5

Comments: _____
