

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	Celebrate	How will I know it's done?	Done?
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>

How will I know the goal is done? _____

How will I celebrate my accomplishment? _____

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