Session 2 At-Home Worksheet— Think About It. Assessing My Goal

Name:			
Date:			

Think Ab	out It. Assess	ing My Goal	Date: _					
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The area of my life I would like to improve: (Check one)								
Work Connection The first spe	Education s Other ecific goal I want	Health to work on is:	Hobby	Independence				
How long have you been thinking about this goal? (Check one)								
Days	Weeks	Months	Year	S				
Have you tr	ried to reach this	goal before? Yes	s No	If yes, what happened?				
Who, in your life, will support this goal?								
Who, in your life, will NOT support this goal?								
How can your family and friends help? (Be specific)								
How can your family and friends hurt your progress? (Be specific)								
What (if any) are the resources that can help you reach this goal?								