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

Name:	
Date:	

Think Abo	out It. Assess	ing My Goal	Date	:		
The area of my life I would like to improve: (Check one)						
Work Connections	Education s Other	Health	Hobby	Independence		
The first specific goal I want to work on is:						
How long have you been thinking about this goal? (Check one)						
Days	Weeks	Months	Y	⁄ears		
Have you tr	ied to reach this	goal before? Ye	es 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?						