

WEEKLY GOALS

The weekly goals are to be reviewed and adjusted at each visit.
Print Weekly Goals sheet on BRIGHT paper and post on resident's refrigerator
or other highly visible location.

NEXT APPOINTMENT

DAY: _____ DATE: _____

TIME: _____

SERVICE PROVIDER AT
NEXT APPOINTMENT: _____

**AGREED UPON GOALS FOR NEXT VISIT.
(MUST BE BRIEF, SPECIFIC, REASONABLE, AND ATTAINABLE)**

(Text in grey are tips. Write goals over the text)

- 1 Manageable goal related to maintaining progress.
- 2 Manageable goal related to continuing a project.
- 3 Self-care goal NOT related to clutter.

CLIENT SIGNATURE

SERVICE PROVIDER SIGNATURE

Peer Support
Team Member:
(if applicable)

Phone #: _____