

Short-Term Goals

Name _____ Date _____

	Please list your short-term goals	Goal Date	Date Achieved
1.			
2.			
3.			

	What, if any, obstacles do you see yourself encountering?
1.	
2.	
3.	

	How will you overcome these obstacles?
1.	
2.	
3.	

	Do you have specific concerns regarding the achievability of these goals?
1.	
2.	
3.	