

Name:

DOB: / /

Record #:

### ACTION PLAN

**Long Range Outcome:** (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

**Where am I now in the process of achieving this outcome?** (Include progress on goals over the past years, as applicable).

**CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:**

WHAT (Short Range Goal)	WHO IS RESPONSIBLE	SERVICE & FREQUENCY

**HOW** (Support/Intervention)

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
/ /	/ /		
/ /	/ /		
/ /	/ /		

**Status Codes:** R=Revised O=Ongoing A=Achieved D=Discontinued

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**\*\* Copy and use as many Action Plan pages as needed.**