

TO DO GOALS LIST

Date: _____ Consumer: _____

1. Goal: _____

Action to
Achieve: _____

_____ Complete by: _____

2. Goal: _____

Action to
Achieve: _____

_____ Complete by: _____

3. Goal: _____

Action to
Achieve: _____

_____ Complete by: _____

4. Goal: _____

Action to
Achieve: _____

_____ Complete by: _____

Comments: _____

I agree to complete the items listed by the dates listed:

Consumer Signature: _____

Counselor Signature: _____