**Participant Goal Planning - Cover Page**

**Instructions**

1. Complete the left side of the Goal Planning Cover Sheet at the beginning of the goal planning session.
2. Complete one Goal Planning Form (page 2) for *each* goal set with the participant.
3. Participant, coordinator and others involved in the goal planning session sign off on the cover page.
4. Place Goal Planning Cover Page and Goal Planning Form(s) in the participant’s case file.
5. Update the Goal Planning Form(s) as needed based on the target dates for the goal, or at least every 6 months.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General Information**  Complete Before Goal Planning Begins | | | |  | **Signatures**  Complete after Goal Planning is Complete |
| Date |  | Participant |  |  |  |
| **Complete the section below for each person involved in the goal planning session. Please specify the relationship to the participant if not the coordinator.** | | | |  |  |
| Coordinator Name | |  | |  |  |
| Name | |  | |  |  |
| Relationship | |  | |  |
| Name | |  | |  |  |
| Relationship | |  | |  |
| Name | |  | |  |  |
| Relationship | |  | |  |
| Name | |  | |  |  |
| Relationship | |  | |  |

**Goal Planning Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | |  | **Target Date** |  |
| **Date Achieved** |  |
| **Actions for Participant to Take** | | | **Target Date** | **Complete?** |
| **1.** |  | |  |  |
| **2.** |  | |  |  |
| **3.** |  | |  |  |
| **Actions for Others to Take:** Indicate relationship with participant if not the APP coordinator. | | | **Target Date** | **Complete?** |
| **1.** |  | |  |  |
| **2.** |  | |  |  |
| **3.** |  | |  |  |
| **Progress Notes:** Reviews should be conducted at the target dates for each of the participant and staff action items. | | | | |
|  | | | | |

Complete one Goal Planning Form for each goal, and attach to the cover page for that goal planning session.