

Family Strengths and Goal Planning Form

Major SMART Goal (in the family's words): _____

Bridge Pillar/Focus Area* (Check One)

*HS/EHS Only: Focus Areas are numbered to correspond with *Family Connections* and *Family Contact Log*

<input type="checkbox"/> (1) Family Stability – Housing	<input type="checkbox"/> (3) Well Being – Health & Mental Health	<input type="checkbox"/> (5) Financial – Debt	<input type="checkbox"/> (7) Education & Training
<input type="checkbox"/> (2) Family Stability – Family & Dependents	<input type="checkbox"/> (4) Well Being – Personal & Professional Networks	<input type="checkbox"/> (6) Financial – Savings	<input type="checkbox"/> (8) Employment & Career Management

New or Revised Goal? New Revised

Next Steps (help the family brainstorm and then choose steps to take)	By when?	Family strengths and resources	Barriers or concerns	Parent Motivation	Date completed
If goal targeted date is extended, new target completion date:					

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

Family Support Staff: _____ **Signature:** _____ **Date:** _____

Next meeting time, date, and place: _____ **Best time to contact family:** _____

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Notes:

Please complete when goal is completed, revised or discontinued.

<input type="checkbox"/> Goal was achieved by original target date:	Date Achieved: _____
<input type="checkbox"/> Goal was achieved by extended target date:	Date Achieved: _____
<input type="checkbox"/> Goal was terminated.	Date Discontinued: _____
<input type="checkbox"/> Goal was revised. Created a revised goal worksheet	
Reason for goal revision or discontinuation:	

Make a copy of the form (both sides) for the family 