

## Goal Directed Care Planning Template – Option 3

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### How I'm doing now

The things I'm doing well are:

The things I'd like to improve on are:

The most important thing for me to work on at the moment is:

This is important to me because:

The benefits of working on this will be:



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Where I'd like to be: <small>(describe the specific changes or the differences that you'll experience when you have achieved success)</small>	Steps we'll take to get there <small>(write clear step by step instructions)</small>	Who? <small>(identify a specific person who will be responsible for each step)</small>	When? <small>(write a date or timeframe for when each step will be completed)</small>	Sign off <small>(tick off each step as it's completed)</small>

People involved in making this plan:

This plan describes how we are going to work together to achieve the things that are important to me. Signature:

I have been given a copy of this plan: Yes / No

I would like a copy of this plan to be given to:

Date we will review this plan:

