

Initial Goal Setting Note

Patient Name:

Completed by:

Date Completed:

Caregiver Name: _____

SMART Goal: _____

Expectation Scale:

Much less than expected -2	Somewhat less than expected -1	Expected goal achievement 0	Somewhat better than expected +1	Much better than expected +2

___ Change Goal (put current state in -1 box)

___ Maintenance Goal (put current state in 0 box)

Barriers:

Action Plan: