PERFORMANCE MEASUREMENT AND CLIENT TOOLS, POLICIES, AND PROCEDURES

# Action Planning: Personal Action Plan Tool

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| Client Information | | | | | | | | | |
| **Client:** | |  | | | | | | | |
| **Caseworker:** | |  | | | | | | | |
| **Date:** | |  | | |  | | | | |
| Goal 1: *(Short description of personal objective here)* | | | | **Assessment Category:*(check one)*** | | | | | | |
| **Description:** *(Eventual personal outcomes after issue is resolved)* | | | |  | | **Daily living situation (Housing & Food)** | |  | **Education (Adult & Youth)** | |
|  | | **Health & Healthcare** | |  | **Family & Home** | |
|  | | **Income & Employment** | |  | **Social & Spiritual** | |
| **Activities Towards Goal**  What are the short-term activities that will help us achieve our objective? | **Personal Responsibility**  Who is responsible for completing the activity? | | **Date to be Accomplished**  When will the activity be accomplished? | | | | **Comments or Concerns**  Is there anything that might prevent us from accomplishing the activity? | | | |
| **1.** |  | |  | | | |  | | | |
| **2.** |  | |  | | | |  | | | |
| **3.** |  | |  | | | |  | | | |
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| **8.** |  | |  | | | |  | | | |
| *Client Signature:* | | | *Caseworker Signature:* | | | | | | | |

**Date Goal Achieved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Goal 2: *(Short description of personal objective here)* | | | **Assessment Category:*(check one)*** | | | | |
| **Description:** *(Eventual personal outcomes after issue is resolved)* | | |  | **Daily living situation (Housing & Food)** | |  | **Education (Adult & Youth)** |
|  | **Health & Healthcare** | |  | **Family & Home** |
|  | **Income & Employment** | |  | **Social & Spiritual** |
| **Activities Towards Goal**  What are the short-term activities that will help us achieve our objective? | **Personal Responsibility**  Who is responsible for completing the activity? | **Date to be Accomplished**  When will the activity be accomplished? | | | **Comments or Concerns**  Is there anything that might prevent us from accomplishing the activity? | | |
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| **2.** |  |  | | |  | | |
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| **8.** |  |  | | |  | | |
| *Client Signature:* | | *Caseworker Signature:* | | | | | |

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| Goal 3: *(Short description of personal objective here)* | | | **Assessment Category:*(check one)*** | | | | |
| **Description:** *(Eventual personal outcomes after issue is resolved)* | | |  | **Daily living situation (Housing & Food)** | |  | **Education (Adult & Youth)** |
|  | **Health & Healthcare** | |  | **Family & Home** |
|  | **Income & Employment** | |  | **Social & Spiritual** |
| **Activities Towards Goal**  What are the short-term activities that will help us achieve our objective? | **Personal Responsibility**  Who is responsible for completing the activity? | **Date to be Accomplished**  When will the activity be accomplished? | | | **Comments or Concerns**  Is there anything that might prevent us from accomplishing the activity? | | |
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| *Client Signature:* | | *Caseworker Signature:* | | | | | |

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| Goal 4: *(Short description of personal objective here)* | | | **Assessment Category:*(check one)*** | | | | |
| **Description:** *(Eventual personal outcomes after issue is resolved)* | | |  | **Daily living situation (Housing & Food)** | |  | **Education (Adult & Youth)** |
|  | **Health & Healthcare** | |  | **Family & Home** |
|  | **Income & Employment** | |  | **Social & Spiritual** |
| **Activities Towards Goal**  What are the short-term activities that will help us achieve our objective? | **Personal Responsibility**  Who is responsible for completing the activity? | **Date to be Accomplished**  When will the activity be accomplished? | | | **Comments or Concerns**  Is there anything that might prevent us from accomplishing the activity? | | |
| **1.** |  |  | | |  | | |
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| **8.** |  |  | | |  | | |
| *Client Signature:* | | *Caseworker Signature:* | | | | | |

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