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.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
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| **7.** |  |  |  |
| **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** |
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| *Client Signature:* | *Caseworker Signature:* |

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

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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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| **8.** |  |  |  |
| *Client Signature:* | *Caseworker Signature:* |

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

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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? |
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| **8.** |  |  |  |
| *Client Signature:* | *Caseworker Signature:* |

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