

ECEAP Family Strengths and Goal Planning

Family Vision for the Future: _____

SMART Goal: _____

- Specific
 Measurable
 Attainable
 Relevant
 Time Bound

Bridge Pillar:
 Stability – Housing
 Stability- Family Well-Being
 Stability – Parenting
 Connection– Well-Being
 Connection–Belonging
 Connection–Personal & Professional Support
 Money Management – Expenses
 Money Management – Planning
 Education & Training
 Employment & Career Management

New or Revised Goal? New Revised

Next Steps (Help Family Brainstorm, Then Choose Steps To Take)	By When?	Family Strengths and Resources	Barriers or Concerns	Motivation	Date Step Was Completed
1.					
2.					
3.					
4.					
If Goal Target Date Extended, New Target Completion Date:					

Participant Name: _____ Signature: _____ Date: _____

Family Support Staff: _____ Signature: _____ Date: _____

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

Notes: _____

Please complete when goal is completed, revised or discontinued. If revised or discontinued, please provide reason:

- | | |
|---|--------------------------|
| <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: _____

OPTIONAL BRAINSTORMING WORKSHEET

Brainstorm a list of Action Steps that you would need to take to achieve your goal. To start, don't worry about the order you write them. Once you have completed the full list, go back and number them in order.

--

What challenges could keep you from achieving your goal? What strategies could you use to overcome them and what resources can help you?

CHALLENGES

STRATEGIES/RESOURCES

--	--

On a scale from 1-10, how CONFIDENT are you in being able to achieve this goal?

