

Name: _____

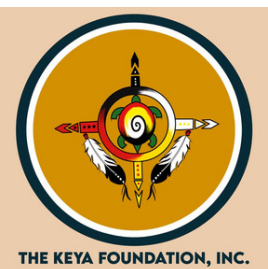
Date: _____

Future goal

Steps to accomplish my goal

Obstacles that would prevent me from reaching my goal

Steps I can start now to reach my goal



Created by the Keya Foundation's Communities That Care Coalition

