

S.M.A.R.T. Goal Questionnaire
SHORT TERM (9 – 12MONTHS)

NAME: _____ DATE: _____ ADVISOR INITIALS: _____

1. Specific. What do you want to accomplish? Is it well-defined and is the outcome clear?

2. Measurable. How will you measure whether or not the goal has been reached (list at least two ways)?

3. Achievable. Is it possible? Have others done it successfully? Do you have the necessary knowledge, skills, abilities, and resources to accomplish the goal? Will meeting the goal challenge you without defeating you?

4. Relevant. What is the reason, purpose, or benefit of accomplishing the goal? What is the result (not activities leading up to the result) of the goal?

5. Timely. What is the completion date and does that completion date create a practical sense of urgency?
