| Name: | | Date: |
|---|-------------------------|--------------------------|
| SMART GOALS | | |
| What is your goal? | | |
| | | |
| | | |
| | | |
| Is your goal: | | |
| Specific? | Measurable? Attainable? | ? Realistic? Time bound? |
| Use each box to explain how your goal is SMART. | | |
| | | |
| 3 | | |
| Specific | | |
| | | |
| M | | |
| Measurable | | |
| | | |
| Δ | | |
| Attainable | | |
| | | |
| P | | |
| Realistic | | |
| | | |
| T | | |
| ■ Time-Bound | | |