



Goal progress chart

Goal N°



This is one of up to three goals to track.

You can turn this chart on its side for a quick look at progress over the sessions.

GOAL:

Session	Date	Today I would rate progress to this goal: (please circle the appropriate number below)										
Remember a score of zero means no progress has been made towards a goal , a score of ten means a goal has been reached fully, and a score of five is exactly half way between the two												
1		0	1	2	3	4	5	6	7	8	9	10
2		0	1	2	3	4	5	6	7	8	9	10
3		0	1	2	3	4	5	6	7	8	9	10
4		0	1	2	3	4	5	6	7	8	9	10
5		0	1	2	3	4	5	6	7	8	9	10
6		0	1	2	3	4	5	6	7	8	9	10
7		0	1	2	3	4	5	6	7	8	9	10
8		0	1	2	3	4	5	6	7	8	9	10
9		0	1	2	3	4	5	6	7	8	9	10
10		0	1	2	3	4	5	6	7	8	9	10
11		0	1	2	3	4	5	6	7	8	9	10
12		0	1	2	3	4	5	6	7	8	9	10

Who agreed this goal (tick below):

Child/young person

Family members

Practitioner

Other (please specify):

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NHS ID:

Service allocated

case ID

GOAL - BASED OUTCOMES RECORD SHEET

In coming to this service, what are some of the problems
you want help with or goals you want to get to?
(List up to three goals)

Goal Number	Goal Description
1	
2	
3	

If you have any other goals, please list them here

Clinic ID Date

Completed by child/young person / parent/carer / other (please specify)

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HOW CLOSE ARE YOU TO THE GOALS YOU WANT TO GET TO?

On a scale from zero to ten, please circle the number below that best describes how close you are to reaching your goal today. Remember: **zero is as far away from your goal** as you have ever been, and ten is having reached your goal completely.

YOUR FIRST GOAL IS:

Enter brief description of goal and goal number as recorded on the
GOAL BASED OUTCOMES RECORD SHEET

Half way to reaching this goal

Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached
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YOUR SECOND GOAL IS:

Enter brief description of goal and goal number as recorded on the
GOAL SETTING RECORD SHEET

Half way to reaching this goal

Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached
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YOUR THIRD GOAL IS:

Enter brief description of goal and goal number as recorded on the
GOAL SETTING RECORD SHEET

Half way to reaching this goal

Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached
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Clinic ID..... Date

Completed by child/young person / parent/carer / other (please specify)