

Goals and goal-based outcomes (GBOs) Helpful-ideas tracker (GBO-HIT) Goal progress chart



The aim is to give you ideas to help you manage things better.
This form helps track how close you are to having all the ideas you need
You can turn this chart on its side for a quick look at progress over time
You may have other goals you'd like to track alongside this one

How would you rate your progress towards THIS goal?

I feel I have learnt as much as I need, to manage what I came for help with

Session	Date	Today I would rate progress to this goal: <i>(please circle the appropriate number below)</i>										
		<i>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</i>										
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

Whose rating is this *(tick below):*

- Child/young person
- Parent/Carer
- Practitioner
- Other *(please specify):*

Service ID/NHS number: _____

Name: *(optional)* _____

Goals and goal-based outcomes (GBOs) Helpful-ideas tracker (GBO-HIT) Goal rating sheet



The aim is to give you ideas to help you manage things better. This form helps track how close you are to having all the ideas you need. You may have other goals you'd like to track alongside this one, including learning goals – you can write these in the boxes below if helpful

How would you rate your progress towards THIS goal?

On a scale from zero to ten, please circle the number below that best describes how close you are to reaching this goal today.

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

I feel I have learnt as much as I need, to manage what I came for help with

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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Completed by (tick below):

- Child/young person
- Parent/carer
- Other (please specify):

Service ID/NHS number:

Name: (optional)

Date

YOUR SECOND GOAL

Enter brief description of goal and goal number as recorded on the [Goals 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

Enter brief description of goal and goal number as recorded on the [Goals 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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