

MIHP Family Goals and Action Plan

This plan belongs to:

My family and I would like to focus on the following goal(s)	Desired Date of Completion

Steps we will take to meet our goal(s)

1.
2.
3.

Some of the things that may get in the way of our goal(s)

My family and I have the following strengths and supports

People who may help us accomplish this plan:

Date this plan will start:

Date this plan will be revisited (and revised, if necessary):

This plan will be shared with:

My feelings about this plan can be described as:

I feel very confident that we will be able to complete these goals.

I am unsure if we will be able to complete these goals.