

Dream and Goal Sheet

1. (Dream) What is your dream or vision?

2. (Goal) What is a step toward your dream? (Make sure you spell out exactly what you hope to accomplish, how much you hope to accomplish, and by when.)

what:

how much:

by when:

3. (Stretch) Is this a reasonable stretch—not too easy or not too hard?

4. (Plan) What is your plan to reach this goal? (The goal is the end that you want to achieve, while the plan is the pathway, the steps or the activities needed to attain the goal.) First, brainstorm for possible actions, then choose the best combination of actions.

5. (Information/Skill) Is there any information or skill you need to reach your goal? Who could help you find this information? (Add this to your plan.)

6. (Schedule) Exactly when in your week are you going to do the activities? How much time is needed? Can you schedule a back-up time in case something comes up?

7. (Support) What support system or reminders will you use to make sure you put your plan into action? (Some examples: telling someone at home or work about your goal; a reminder note on your bathroom mirror; or a reminder call from a friend.)

- | | |
|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> daily review of pact | <input type="checkbox"/> Buddy System phone calls |
| <input type="checkbox"/> weekly review of pact | <input type="checkbox"/> family meetings (weekly) |
| <input type="checkbox"/> monthly review of pact | <input type="checkbox"/> Goal & Growth Group |
| <input type="checkbox"/> personal calendar | <input type="checkbox"/> other small group |
| <input type="checkbox"/> do-lists | <input type="checkbox"/> visualizations |
| <input type="checkbox"/> personal journal | <input type="checkbox"/> affirmations or prayer |
| <input type="checkbox"/> notes or other visual | <input type="checkbox"/> a course or workshop |
| <input type="checkbox"/> other, please specify: | |

8. (Positive Feelings) Do you have generally positive feelings for your plans and your ability to attain your goal? (In other words, can you really see yourself doing the work to reach your goal? If not, what seems to be the obstacle? Can you add something to your plan to get around this obstacle?)

Name _____ Date _____

Witness _____