Client Goals

1. Goal Summary

Date _____/_____/_____   Staff Name_____

Program Name_____   Client ID (Computer Generated)_____

2. Client Information

First _____   Middle_____   Last _____   Suffix_____

3. Goal Details

Program Phase	Entry date	Target Date	Completion Date	Comments
☐ Pre-program				
☐ Probation				
☐ Phase 1				
☐ Phase 2				
☐ Phase 3				
☐ Graduate				
☐ Transitional				
☐ Aftercare				
Education	**Date Set**	**Target Date**	**Completion Date**	**Comments**
☐ Complete adult basic education				
☐ Complete ESL program				
☐ Complete GED				
☐ Complete vocational training				
☐ Enroll in adult basic education				
☐ Enroll in ESL program				
☐ Enroll in GED program				
☐ Graduate from high school				
☐ Enroll in College				
☐ Enroll in vocational training				
☐ Receive Forklift Certification				
Employment	**Date Set**	**Target Date**	**Completion Date**	**Comments**
☐ Maintain employment				
☐ Obtain full-time employment				
☐ Obtain part-time employment				

Notes

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