

OUTCOME PLANNING

Desired Outcome: What do I want specifically?

When I do - what can I see, hear, feel, smell, taste ... ?

For What Purpose: Why do I want it?

Blocks and Stops: What prevents me from having / getting it?

Resources: What will help me get it?

Action Plan: How do I get it?

My First Step is:

Signed: _____ **Name** _____ **Date:** _____