

Mother Jai's Wellness Jennifer Lawson, BS, IAC, CGFI

PO Box 1975 Arvada, CO 80001

VM/TXT 720-336-1413 wellness@motherjai.com

GOAL PLANNING WORKSHEET

Write Your Desired Outcome Below	What does the outcome include? State three specifics.
	1.
	2.
	3.
What is your first step?	What are three things that must be done to complete this step?
	1.
	2.
	3.

What is your next step?	What are three things that must be done to complete this step?
	1.
	2.
	3.
What is your final step?	What are three things that must be done to complete this step?
	1.
	2.
	3.
How long will it take for y	ou to complete this goal?