



Name: _____

Date: _____

My Current Goals

Directions: List your goals on the lines.

Then, check the appropriate box to indicate whether your goal is long term or short term.

Short Term **Long Term** **List your current goals:**

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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