

# Youth Goal Planning

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This template was developed to accompany  
*THIS is Housing First for Youth*  
*Part 2 – Operations Manual.*



Every 90 days

Youth and Staff to Complete

# Youth Goal Planning

These goals are created by you, for you while you are in the HF4Y program. Your case counsellor is here to support you in achieving your goals and providing supports should you need them.

Your goal can be about Education, Employment, Family and Natural Supports, Social Engagement, Personal, or anything else you want to achieve!

## S.M.A.R.T. GOALS (Specific, Measurable, Achievable, Relevant, Timely)

<b>S</b> - Overall Goal: (what is your finish line and what you want to see accomplished? (Who, What, Where, When, Why)
<b>Youth:</b> <b>Case Counsellor:</b> <b>Family or Natural Supports:</b> <b>Other Service Providers needed:</b>

<b>M</b> – What are the steps that need to be outlined for you to achieve your goal? (If this goal is going to take a few months to complete, let's list the steps to get there)
<b>Youth:</b> <b>Case Counsellor:</b> <b>Family or Natural Supports:</b> <b>Other Service Providers needed:</b>

<b>A</b> – Do you have the supports/resources to achieve this goal? If you don't, what do we need to put in place?
<b>Youth:</b> <b>Case Counsellor:</b> <b>Family or Natural Supports:</b> <b>Other Service Providers needed:</b>

<b>R</b> – How is this goal going to impact your life in a positive way? What will improve for you by achieving this goal?
<b>Youth:</b> <b>Case Counsellor:</b> <b>Family or Natural Supports:</b> <b>Other Service Providers needed:</b>

**T** – Anyone can create a goal but putting it on paper and giving it a timeline makes it real and increases your chances that you will accomplish it! So, let's put some timelines in place.

**Youth:**  
**Case Counsellor:**  
**Family or Natural Supports:**  
**Other Service Providers needed:**

How should we celebrate your goal when it is accomplished?

How is this goal getting me closer to graduation?

Youth Signature:

Date:

HBCM Signature:

Date:

Manager Signature:

Date:

When are we going to follow up on this goal?

**Youth:**  
**Case Counsellor:**  
**Family or Natural Supports:**  
**Other Service Providers needed:**

## Goal Follow Up

What has been achieved?

**Youth:**  
**Case Counsellor:**  
**Family or Natural Supports:**  
**Other Service Providers needed:**

Are there any resources/supports needed that could make it easier for you to achieve your goal?

**Youth:**  
**Case Counsellor:**  
**Family or Natural Supports:**  
**Other Service Providers needed:**

Next Goal Review Date:

**Youth:**  
**Case Counsellor:**  
**Family or Natural Supports:**  
**Other Service Providers needed:**

Youth Signature:	Date:
HBCM Signature:	Date:
Manager Signature:	Date:

\*\* Complete the Goal Follow Up Section until the goal has been completed\*\*