

Mental Health SMART Goal

Name:

Date:

Diagnosis (if applicable):

Specific
What is your goal? How will you achieve this goal? Who is responsible?

Measurable
What resources will be used to measure the success or failure of your goal? Can you measure your goal quantitatively?

Achievable
Have other people achieved this goal before? What do you need to achieve your goal?

Relevant
How is this goal beneficial for you? What do you think the priority level of your goal is in your life?

Time-Bound

Are you giving yourself a deadline to complete your goal? What is your deadline? Why did you give yourself that long?