

## SHORT RANGE GOALS ACTION PLAN

**NAME:** \_\_\_\_\_ **Medicaid ID #** \_\_\_\_\_

**Long Range Outcome:** (Ensure that this is an outcome desired by the individual, and not a goal belonging to others).

**Where am I now in the process of achieving this outcome?** (Include progress on goals over the past years, as applicable).

**CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL:**

<b>WHAT</b> (Short Range Goal)	<b>WHO IS RESPONSIBLE</b>	<b>SERVICE &amp; FREQUENCY</b>

**HOW** (Support/Intervention)

Target Date (Not to exceed 12 months)	Date Goal was reviewed	Status Code	Progress toward goal and justification for continuation or discontinuation of goal.
/ /	/ /		
/ /	/ /		
/ /	/ /		

**Status Codes:**      R=Revised                      O=Ongoing                      A=Achieved                      D=Discontinued

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CHARACTERISTICS/OBSERVATION/JUSTIFICATION FOR THIS GOAL: Jonah will greet job site owner or gardening class instructor and ask for job site "to do list" at beginning of work day on farm. Jonah will then review written tasks with one on one worker and determine where on the farm to start the task.			
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**\*\* Copy and use as many Action Plan pages as needed.**