CARE PLAN TEMPLATE

	Updates
Goal: How important is this to me? (Circle number below) Not Very Important 1 2 3 4 5 6 7 8 9 10 Important	
Challenges: 1. 2. 3.	

Next Steps (Short Term)	Resources	Outcome	Updates
1.			
2.			
3.			
4.			

Action Plan	Updates
What exactly am I going to do? How, what, when, where, how often?	
What will get in the way?	
How will I overcome this?	
What support do I need?	
How confident do I feel? (circle number below) Not Very Confident 1 2 3 4 5 6 7 8 9 10 Confident	

CARE PLAN TEMPLATE

Draw a 0 in the box for the days that the action plan was set. If the goal for that day is reached, draw a check √ in the circle.

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							
Week 4							
Week 6							
Week 7							
Week 8							