Personal Goal(s)
High School

Name: _____Date: _____

Goal#__:_____

Steps	Anticipated Completion Date:	Check When Complete:
		☐
		☐
		☐

What will I have to give up/change?	What will I gain?

Goal#__:_____

Steps	Anticipated Completion Date:	Check When Complete:
		☐
		☐
		☐

What will I have to give up/change?	What will I gain?

Note: This handout is an excerpt from *Standing Up for Me,* Florida's self-determination curriculum. Please contact your Project 10 regional representative for training on the full curriculum, or visit the Project 10 website (http://project10.info/) for more information about the transition process.