

# WEEKLY GOAL ASSESSMENT TEMPLATE

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SMART GOALS	Specific	Measurable	Action-Oriented	Relevant	Time-Oriented
WEEK OF				WEEK NUMBER	

**WEEKLY GOAL**

**HOW SUCCESSFUL WERE YOU THIS WEEK?**

**WHAT PREVENTED YOU FROM REACHING YOUR GOALS?**

**DEVELOP SOLUTIONS FOR OVERCOMING OBSTACLES**

**ADDITIONAL NOTES**

## **DISCLAIMER**

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