

Personal Recovery Plan

Name: _____

Date of Goal Setting: _____

Signature: _____

(Member)

(Staff)

1. Life Goal:

Long Term Goal: _____ (Employment/Education/Health/Others)

Short Term Goal: _____

2. The goals above are important to me because:

Current Level of Attainment: Please circle ①Not attained; ②Fully Completed

1	2	3	4	5	6	7	8	9	10
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3. My Strengths: (Personal Character/Talent/Environmental strength/ Interest & Aspiration)

4. Methods to attain the goals: (Please Put Tick in ()): ✓Completed ✗Partially *Not Attained

Methods	Review	Methods	Review
a)	()	d)	()
b)	()	e)	()
c)	()	f)	()

5. Barriers/ Challenges

Potential barriers/ challenges	Coping skills

Starting Date: _____

Next Reviewing Date: _____

6. Review:

(Level of Attainment: ✓Completed ✗Partially *Not Attained) Reviewing date: _____

My reviews	Staff comments
()	
()	
()	

Personal Recovery Plan Progress

Member's name: _____

Review date: _____

Short term goal: (Update / Continue) _____

1. Current progress of goals

(Current Level of Attainment: Please circle Not attained ; Fully Completed)

1	2	3	4	5	6	7	8	9	10
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2. Methods to attain the goals:

(Please Put Tick in (): Completed Partially *Not Attained)

Methods	Review	Methods	Review
a)	()	d)	()
b)	()	e)	()
c)	()	f)	()

3. Barriers/ Challenges

Potential barriers/ challenges	Coping skills

Starting Date: _____

Next Reviewing Date: _____

4. Review:

(Level of Attainment: Completed Partially *Not Attained)

Reviewing date: _____

My reviews	Staff comments
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