**Action Plan**

This Action Plan is for Date / /

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| --- | --- | --- | --- |
| EDUCATION | | EMPLOYMENT | |
| My Education Plan Is… | | My Employment Goal Is… | |
| Barriers | People and Places that can help | Barriers | People and Places that can help |
| My next step toward my education goal is… | | My next step toward my employment goal is… | |
| INDEPENDENT LIVING | | COMMUNITY | |
| My independent Living Goal is… | | My Community Goal is… | |
| Barriers | People and Places that can help | Barriers | People and Places that can help |
| My next step toward my education goal is… | | My next step toward my employment goal is… | |
| RECREATION LEISURE | | SELF ADVOCACY/MEDICAL/MENTAL HEALTH | |
| My Recreation Leisure Goal is… | | My Self Advocacy/Medical/Mental Health Goal is… | |
| Barriers | People and Places that can help | Barriers | People and Places that can help |
| My next step toward my Recreation Leisure Goal is… | | My next step toward Self Advocacy/Medical/Mental Health Goal is… | |