**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… |