

OKSA GOAL SETTING WORKSHEET FOR YOUTH AGES 14 AND UP



HOPE FOR TOMORROW

A Hope-Centered Tool
for Youth Engagement

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Youth Name:

Client ID Number:

DOB:

Helpful Planning Questions:

Documentation

1. Which of the following documents do you have an original (not photocopies) copy of:

- Birth Certificate
- CDIB Card (eligible Tribal citizens only)
- Driver's License
- Driver's Permit
- Health Insurance Information
- Information about SSI or SSDI payments
- Photo ID
- Social Security Card
- Transcript and High School Diploma or GED certificate

Services

2. The following programs are designed to support youth and are highly encouraged as you plan your transition to adulthood. Have you been able to learn about:

- Education funding
- Extended medical coverage from SoonerSelect
- OKSA housing pathways
- Other public services (SNAP, TANF, child care assistance)
- Tribal affiliation
- Voluntary services
- OKSA helpline
- Youth Villages LifeSet

Youth Name:

Date:

Hope for Tomorrow Goal Setting Worksheet

Using the Hope for Tomorrow Assessment, identify the top three goals you have for your life right now. Think about why you want to achieve these goals, why they are important to you, and ask your worker or other supportive adult to help you answer each question below, using as much detail as possible.

Goal #1:

Is this a goal that will help me...	Avoid Something	Achieve Something
How difficult will it be for me to achieve this goal?	Very Difficult	Not Difficult at All
Will I need to learn new skills to achieve this goal?	No	Yes
How much will I have to change in order to accomplish this goal?	Very Little	A Lot

List the possible pathways (actions/strategies/steps) I could use to achieve my goal:

Path to the Goal:

Path to the Goal:

Path to the Goal:

What are potential obstacles, barriers, or distractions to achieving my goal?

What are possible solutions to those barriers?

Who are people I can count on for support? What resources are available? What other things can I do to help me keep working toward my goals?

Steps along my path: What is my first step? What are the specific things that will help me see that I am making progress?

Youth Name:

Date:

Goal #2:

Is this a goal that will help me...	Avoid Something	Achieve Something
How difficult will it be for me to achieve this goal?	Very Difficult	Not Difficult at All
Will I need to learn new skills to achieve this goal?	No	Yes
How much will I have to change in order to accomplish this goal?	Very Little	A Lot

List the possible pathways (actions/strategies/steps) I could use to achieve my goal:

Path to the Goal:

Path to the Goal:

Path to the Goal:

What are potential obstacles, barriers, or distractions to achieving my goal?

What are possible solutions to those barriers?

Who are people I can count on for support? What resources are available? What other things can I do to help me keep working toward my goals?

Steps along my path: What is my first step? What are the specific things that will help me see that I am making progress?

Youth Name:

Date:

Goal #3:

Is this a goal that will help me...	Avoid Something	Achieve Something
How difficult will it be for me to achieve this goal?	Very Difficult	Not Difficult at All
Will I need to learn new skills to achieve this goal?	No	Yes
How much will I have to change in order to accomplish this goal?	Very Little	A Lot

List the possible pathways (actions/strategies/steps) I could use to achieve my goal:

Path to the Goal:

Path to the Goal:

Path to the Goal:

What are potential obstacles, barriers, or distractions to achieving my goal?

What are possible solutions to those barriers?

Who are people I can count on for support? What resources are available? What other things can I do to help me keep working toward my goals?

Steps along my path: What is my first step? What are the specific things that will help me see that I am making progress?