# ***Goals for Patient Care Plan***

| | DATE | GOAL | ACTION STEPS | SUPPORTS | TIMEFRAME | EVIDENCE of SUCCESS |
|---|---|---|---|---|---|---|
| Short Term | | | | | | |
| Short Term | | | | | | |
| Short Term | | | | | | |
| Long Term | | | | | | |
| Long Term | | | | | | |
| Long Term | | | | | | |