NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_ BLOCK: \_\_\_\_\_\_\_\_

SMART Goal Map – Long-Term

**DIRECTIONS:** Fill in the required information in the appropriate areas.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S |  | Make it  Specific |  | What do you want to accomplish? |
|  |  |  |  |  |
| M |  | Make it  Measurable |  | How will you know when you have accomplished your goal? |
|  |  |  |  |  |
| A |  | Make it  Attainable |  | How can the goal be accomplished? |
|  |  |  |  |  |
| R |  | Make it  Relevant |  | Is this goal worth working hard to accomplish? Explain. |
|  |  |  |  |  |
| T |  | Make it  Time-Bound |  | When will you want to accomplish this goal? |