

Goal Prioritization Form

Please fill this out to facilitate your discussion and identify priorities.

Youth/Young Adult's Name: _____

Youth Peer Support Specialist's Name _____

| <i>I am interested in working on the following:</i> | How important is it? | | | Who do you want to be involved or help? |
|--|--------------------------|--------------------------|--------------------------|---|
| | Very | Somewhat | Not Much | |
| <i>(Check all that apply.)</i> | | | | |
| <input type="checkbox"/> Employment & Career | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Living Situation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Emotions & Behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Independent Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Physical Health & Wellbeing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Daily Living | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Fun and Leisure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Community Participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

The following are examples of goals you might want to work toward within each domain.

| | |
|--|---|
| Employment & Career | <ul style="list-style-type: none"> • Getting a job, an apprenticeship, or an internship |
| Education | <ul style="list-style-type: none"> • Finishing high school or getting your GED • Going to college |
| Living Situation | <ul style="list-style-type: none"> • Getting an apartment or finding a roommate • Living with family or friends • Finding supported or semi-independent living programs |
| Relationships | <ul style="list-style-type: none"> • Developing and maintaining friendships, romantic relationships, and/or mentoring relationships • Balancing independence and relationships with family |
| Emotions & Behaviors | <ul style="list-style-type: none"> • Expressing care and concern for others • Developing conflict resolution skills • Coping with stress • Managing psychiatric medications and side-effects • Managing use of alcohol and drugs |
| Independent Thinking | <ul style="list-style-type: none"> • Solving problems • Setting goals and developing plans to achieve them • Accepting personal strengths and limitations • Advocating for your rights |
| Communication | <ul style="list-style-type: none"> • Expressing ideas and feelings through speaking and listening, reading and writing • Developing study and learning skills • Maintaining safety in online communications |
| Physical Health & Wellbeing | <ul style="list-style-type: none"> • Maintaining a healthy lifestyle • Managing over-the-counter and prescription medications • Knowing about sexual functioning and birth control • Accessing medical and dental services |
| Parenting | <ul style="list-style-type: none"> • Maintaining health during pregnancy • Supporting your girlfriend or spouse • Assuming responsibility for childrearing (e.g., care, discipline, behavioral parenting practices, finances) |
| Daily Living | <ul style="list-style-type: none"> • Maintaining living space and personal possessions • Managing money • Cooking • Maintaining personal and financial documents securely • Maintaining personal safety |
| Leisure Activities | <ul style="list-style-type: none"> • Entertaining yourself • Participating in activities with others • Visiting places of entertainment and fun |
| Community Participation | <ul style="list-style-type: none"> • Getting around the community • Knowing your basic rights and responsibilities • Accessing and using community resources (including cultural & spiritual) |