

Goals and goal-based outcomes (GBOs)

Goals record sheet



In coming to this service, what are some of the problems you want help with or goals you want to get to? *(List up to three goals)*

Goal Number	Goal Description
1	
2	
3	

If you have any other goals, please list them here

Completed by *(tick below):*

- Child/young person
- Parent/carer
- Other *(please specify):*

Service ID/NHS number: _____

Name: *(optional)* _____

Date _____

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Goal rating sheet



How close are you to the goals you want to get to?

On a scale from zero to ten, please circle the number below that best describes how close you are to reaching your goal today. Remember a score of zero means no progress has been made towards a goal, a score of ten means a goal has been reached fully, and a score of five is exactly half way between the two

YOUR FIRST GOAL

Enter brief description of goal and goal number as recorded on the [Goals Record Sheet](#)

Half way to reaching this goal

Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached
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YOUR SECOND GOAL

Enter brief description of goal and goal number as recorded on the [Goals Record Sheet](#)

Half way to reaching this goal

Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached
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YOUR THIRD GOAL

Enter brief description of goal and goal number as recorded on the [Goals Record Sheet](#)

Half way to reaching this goal

Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached
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Completed by (tick below):

- Child/young person
- Parent/carer
- Other (please specify):

Service ID/NHS number:

Name: (optional)

Date

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Goal progress chart



This is one of up to three goals to track.
You can turn this chart on its side for a quick look at progress over the sessions.

Goal No:

GOAL:

Session **Date** **Today I would rate progress to this goal:** *(please circle the appropriate number below)*

Remember a score of zero means no progress has been made towards a goal, a score of ten means a goal has been reached fully, and a score of five is exactly half way between the two

1		0	1	2	3	4	5	6	7	8	9	10
2		0	1	2	3	4	5	6	7	8	9	10
3		0	1	2	3	4	5	6	7	8	9	10
4		0	1	2	3	4	5	6	7	8	9	10
5		0	1	2	3	4	5	6	7	8	9	10
6		0	1	2	3	4	5	6	7	8	9	10
7		0	1	2	3	4	5	6	7	8	9	10
8		0	1	2	3	4	5	6	7	8	9	10
9		0	1	2	3	4	5	6	7	8	9	10
10		0	1	2	3	4	5	6	7	8	9	10
11		0	1	2	3	4	5	6	7	8	9	10
12		0	1	2	3	4	5	6	7	8	9	10

Whose goal is this *(tick below):*

- Child/young person
 Parent/Carer
 Practitioner
 Other *(please specify):*

Service ID/NHS number:

Name: *(optional)*