



SMART GOALS NDIS PARTICIPANTS

Your Name

mm/dd/yyyy

DATE PREPARED

Name of Your Goal

Describe your goal.

S	Specific	<p><i>What do I want to achieve? Why do I want to achieve this? What are the requirements?</i></p>	
M	Measurable	<p><i>How will I measure my progress? How will I know when the goal is achieved?</i></p>	
A	Achievable	<p><i>How can the goal be achieved? What are the logical steps I should take? Can I achieve this goal?</i></p>	
R	Relevant	<p><i>Is this a worthwhile goal? What do I need to achieve this goal? Does this goal support improve my disability / life?</i></p>	
T	Time-Bound	<p><i>How long will it take to achieve this goal? When will I achieve this goal?</i></p>	