



NORTH HUDSON  
COMMUNITY ACTION CORPORATION

## THE PERSONAL GOALS FOR MY SON/DAUGHTER

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

DOB: \_\_\_\_\_



**HEALTHY DIET**



**EXERCISE**



**TAKE MY VITAMINS**



**WATCH LESS THAN 2 HRS  
OF TELEVISION PER DAY**



**MAINTAIN ALL APPOINTMENTS  
FOR PHYSICALS AND VACCINES**



**BRUSH MY TEETH  
TWICE PER DAY**

I, \_\_\_\_\_, have agreed that to improve the health of my  
son/daughter the personal goal is \_\_\_\_\_.

What: \_\_\_\_\_

How much: \_\_\_\_\_

When: \_\_\_\_\_

How often: \_\_\_\_\_

Confidence level: \_\_\_\_\_

1 - Maintaining goal

2 - Close to Goal

3 - Needs Reinforcement

Patient Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_