



Reality Check Initial Recovery Plan

Date:

Participants Initials:

Recovery Coach:

Session Length:

How would you rate your hope for the future?

No hope Little hope. Somewhat hopeful Moderately hopeful. Very hopeful

What are your hopes and dreams?

What are your strengths and interests?

If you could change one thing in your life, what would it be?

Please list supportive people in your life

RECOVERY DOMAINS

Daily Living and Routines
Education
Employment
Finances
Housing

Legal
Mental Health
Physical Health
Safety
Relationships

Spiritual
Other

Please choose the status on the primary goal:

Active. Inactive In the future complete

What is the priority status of this goal?

High Medium Low

PRIMARY GOAL:

GOAL NOTES:

SMART ACTION STEPS:

Please choose the status on this goal:

Active. Inactive In the future complete

What is the priority status of this goal?

High Medium Low

GOAL:

GOAL NOTES:

SMART ACTION STEPS:

Please choose the status of this goal:

Active. Inactive In the future complete

What is the priority status of this goal?

High Medium Low

PRIMARY GOAL:

GOAL NOTES:

SMART ACTION STEPS: