



Person-Centered Thinking (PCT) Goal Template

Participant Name: _____ Date: _____

Service Coordinator: _____

Important TO Me:

Important FOR Me:

My Goals:

1. _____
2. _____
3. _____
4. _____
5. _____

Action Steps (How ESS Will Support):

Review Notes:

Staff Signature: _____ Date: _____

Participant/Family Signature: _____ Date: _____