



Project X-it Goal Sheet

Participant Name: _____ **Date:** _____

Mentor Name: _____ **Date:** _____

S.M.A.R.T. Goal: _____

Goal Status New Revised

Goal Length: Short Term (≤ 6 Months) Mid Term (≤ 12 Months) Long Term (≥ 12 Months)

Goal Type:			
<input type="checkbox"/> Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Debt Amount	<input type="checkbox"/> Money Management
<input type="checkbox"/> Borrow Money	<input type="checkbox"/> Money Emergencies	<input type="checkbox"/> Financial Education	<input type="checkbox"/> Supporting Goal

Steps for Achieving Goal	Target Completion Date	Date Completed
1.		
2.		
3.		
4.		
5.		

For Project X-It Specialist use:

Goal was achieved by target date

Goal was achieved by extended target date

Goal terminated

Date Achieved: _____

Date Discontinued: _____

Date \$ Deposited: _____