SMARTER planning for change

What specifically do you want to change or do differently?

What actions are needed to make this change happen?

How much of this will you do, or how often will you do it?

How important is the change for you?

Tick One

○ ○ ○ ○ ○

Not very important

Very important

How confident are you that you can do this?

Tick One

○ ○ ○ ○ ○

Not very confident

Very confident

S	M	A	R	T	E	R
Specific	Measures	Actions	Realistic	Timed	Evaluate	Reflect

How and when will you reflect on your progress? Who could support you with this?

How will you know you're making the change or achieving your goal? How will you feel?

What would help you to get started and stick with this change?

What is likely to stop you from making this change? How could you overcome that?

When will you start?