



GRADUATED REENTRY GOALS

Participant name: _____ DOC number: _____ Date: _____

List 3 goals to accomplish while a Graduated Reentry participant (Goals should be realistic and achievable):

1. _____
2. _____
3. _____

What is your 5 year goal and what are the steps you need to take to accomplish this goal?

What is your ideal life for you and your family/support people in 5 years?

What has worked for you in the past?

What has not worked for you in the past?

What are triggers for your relapse?

What do you need in place to assist you to be successful?

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.