**Address each “Additional Information/Objective Needed” selected in the Service Plan.**

**Objectives recommended for career planning MUST include, but not be limited to, Community Based assessments, Assistive Technology, and Transportation. *\*See D/E Reference Sheet***

**Client Name:**

| Objective | Action Steps | Person(s)Responsible | Frequency | StartDate | EstimatedCompletionDate | How will the Objective be measured? | Periodic Review |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (What is needed and why?) | (How will it get completed?) | (Who will do it?) | (How often of how many times?) | (When starting?) | (When will it be done?) | (How will we know the activity is complete?) | (Reviewed, dated, and initiated) |
| Objective      |       |       |       |       |       |       |       |
| Objective      |       |       |       |       |       |       |       |
| Objective      |       |       |       |       |       |       |       |
| Objective      |       |       |       |       |       |       |       |
| Objective      |       |       |       |       |       |       |       |
| Objective      |       |       |       |       |       |       |       |
| Objective      |       |       |       |       |       |       |       |