



WellPath Participant Goal-Setting and Coaching Session Tracking Form

Participants: Take this form with you to each visit with your WellPath Coach. Have Coach initial each visit. When form/goal is completed, submit to WellPath Coordinator to receive incentive credit.

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|-------------------------|-------------------|-------------------|-------------------------------|
| Participant Name | Phone | Department | Entity |
| Goal | Start Date | | Target Completion Date |

STEP 1: Write a concise statement about what you would like to accomplish by implementing this plan.

Coaching Visits/Conversations related to this goal:

| Date | Goal Completed? (Y/N) | Coach Name | Coach Initials |
|-------------|------------------------------|-------------------|-----------------------|
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WellPath Coordinator Initials _____ Date processed _____