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# Tracking My Progress: A Monthly Check-In Template

**Celebrate Wins. Adjust Goals. Keep Moving Forward.**

*Prepared by Your Story Community Supports*

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Progress isn't always obvious — especially when you're living it day by day. This monthly check-in helps you pause, reflect, and see how far you've come.

Fill it in with your support worker, a family member, or on your own. There are no right or wrong answers.

**Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

## How I'm Feeling This Month

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Circle or highlight the words that describe how you've been feeling:

**Happy • Calm • Proud • Frustrated • Tired • Motivated • Lonely • Grateful • Anxious • Hopeful • Bored  
• Confident • Overwhelmed • Excited • Sad • Strong**

**In my own words, this month I felt:**

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## My Wins This Month

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Even small wins count. Did you try something new? Stick to a routine? Handle a tough situation well?

**Win 1:** \_\_\_\_\_

**Win 2:** \_\_\_\_\_

**Win 3:** \_\_\_\_\_

## My Goals — How Am I Going?

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Look at the goals from your Goals Worksheet or your NDIS plan. Rate your progress:



**Goal 1:** \_\_\_\_\_

Not started	Getting started	Making progress	Almost there	Achieved!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What helped me this month:** \_\_\_\_\_

**What got in the way:** \_\_\_\_\_

**Goal 2:** \_\_\_\_\_

Not started	Getting started	Making progress	Almost there	Achieved!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What helped me this month:** \_\_\_\_\_

**What got in the way:** \_\_\_\_\_

**Goal 3:** \_\_\_\_\_

Not started	Getting started	Making progress	Almost there	Achieved!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What helped me this month:** \_\_\_\_\_

**What got in the way:** \_\_\_\_\_

## My Support This Month

**The support that helped me most:**

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**Something I'd like more help with:**

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**Something I'd like to try doing more independently:**

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## My Health & Wellbeing

**My physical health this month:** (Great / Good / Okay / Not great / Struggling)



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**My mental health this month:** (Great / Good / Okay / Not great / Struggling)

**Did I attend my appointments?**  Yes  Some  No

**Am I taking my medication as prescribed?**  Yes  Mostly  No

## My Social Life & Community

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**Activities I did this month:**

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**People I spent time with:**

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**Something social I'd like to do next month:**

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## Looking Ahead to Next Month

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**One thing I want to focus on:**

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**One thing I want to try:**

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**One thing I want to keep doing:**

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## Notes from My Support Worker

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*Support workers: use this space to add observations, encouragement, or suggestions.*

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## A Reminder

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Progress is not a straight line. Some months will feel like leaps forward. Others will feel like standing still — or even going backward. That's normal.



# Your Story

Community Supports

What matters is that you keep showing up. And we'll keep showing up with you.