



Action Plan

This week I will _____ (What)
 _____ (How Much)
 _____ (When)
 _____ (How Often)

Circle how sure you are that you can do this action:

1 2 3 4 5 6 7 8 9 10

*If your answer is less than 7, you may not be able to meet your goal.
 Think about modifying your plan to be more doable.*

Give yourself a check mark each day you accomplish your plan	Comments: Write yourself a note about today's activity.
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

Possible road blocks to meeting my plan:

Things I can do to overcome these road blocks:

Other resources I need to meet my action plan:
