MY ACTION PLAN

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date and Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **My Goal:** **Why I want to do it:****Why it’s important to me:** |

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| **Steps I’m Taking This Week** |
| **What I will do** | **When I will do it** **(date and time)** | **Things I need to take with me** | **Where I will go and how I will get there** |
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| **Obstacles and Solutions** |
| **What Could Get in the Way** | **My Solution** |
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