

GOAL SETTING & ACTION PLANNING

ACTION PLAN

DATE: _____

This week I will:

_____	(What will you do?)
_____	(When will you do it?)
_____	(Where will you do?)
_____	(How much will you do it?)
_____	(How many times this week will you do it?)

I have the confidence level of _____ that I can do it.

(0 = not at all confident; 10 = totally confident)

KEEPING TRACK

Day	Check Off	Comments
<i>Monday</i>		
<i>Tuesday</i>		
<i>Wednesday</i>		
<i>Thursday</i>		
<i>Friday</i>		
<i>Saturday</i>		
<i>Sunday</i>		