MY WEEKLY ACTION PLAN

Dates: ___________________

1. The action plan I will try this week is:

____________________________________________________________________________
____________________________________________________________________________

2. Describe the steps I will take:

   WHEN ___________________________________________________________________
   WHERE ____________________________________________________________________
   HOW OFTEN __________________________________________________________________

3. Barriers: What might get in the way of your plan?
   1) _______________________________________________________________________
   2) _______________________________________________________________________
   3) _______________________________________________________________________

4. Plans to overcome barriers: What could you do to deal with these barriers?
   1) _______________________________________________________________________
   2) _______________________________________________________________________
   3) _______________________________________________________________________

5. How important is the plan to you on a scale of 1-10? Importance ___
   How confident are you that you complete the entire action plan on a 1-10 scale? Confidence __

Self-evaluation: How did it go? Do I want to carry this plan forward? Could I make any adjustments?

____________________________________________________________________________
____________________________________________________________________________

Remember to keep goals SMART!
S – Specific
M – Measurable
A – Achievable
R – Realistic
T - Timely