PERSONAL ACTION PLAN

Name: _____ Date: _____

1. Goals: Something you WANT to do:

_____
_____
_____
_____
_____

2. Positive Outcomes for my life:

_____
_____
_____
_____
_____

3. Describe Action Plan (steps to achieve goal):

What: _____

When: _____

Where: _____ How often: _____

Start date: _____

4. Challenges/Obstacles:

_____
_____
_____
_____
_____

5. Plans to overcome challenges:

_____
_____
_____
_____
_____

6. Support and resources to achieve goal:

_____

7. How sure are you that you can reach your goal?

0 1 2 3 4 5 6 7 8 9 10

Totally unsure Somewhat sure Extremely sure

8. Follow-Up: _____