

# “My Personal Action Plan”

Name: \_\_\_\_\_

<b>Long-term Goal</b>									
<b>Specific Plan</b>									
<b>How:</b>									
<b>What:</b>									
<b>When:</b>									
<b>Where:</b>									
<b>Frequency:</b>									
<b>Barriers to Changing Behavior</b>									
<b>Plan to Overcome Barriers</b>									
<b>Confidence in Meeting My Goals:</b>									
1 Not at all Confident	2	3 Don't feel I can do it right now	4	5 Maybe I can do the plan	6	7	8 Think I can do the plan	9	10 Absolutely know I can do it
<b>People Who Will Support Me</b>									
<b>Follow up Plan</b>									