

				467	•
My Weekly	/ Action Plan	For:			
What am I goin	ng to do?				
How much am	I going to do, or h	ow often will I do it? _			
When am I goir	ng to do it?				
What might ge	t in my way?				
What can I do t	to make it easier t	o reach my goal?			
Week of:	I did it!	What worked, what d	idn't		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Notes:					