

GOAL

It's Going to Be

GOAL NAME	DEADLINE _____
	GOAL TYPE _____
	HOW IMPORTANT ○○○○

MEASURABLE STEPS:	MATERIALS NEEDED:	WHY AM I DOING THIS?
.....
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

ACTION PLAN	DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SELF LIMITING BELIEFS	NEW & ONGOING BELIEFS
_____	_____

VICTORY DAY: _____