



Specific Action Steps for Achieving this Goal	Target Date	Date Reviewed	Date Completed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Method of keeping score \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is it worth the time, effort and money to reach this Goal?      Yes \_\_\_\_\_      No \_\_\_\_\_

Affirmations to support this goal
