

# My Action Plan

***This week I want to...***

What? \_\_\_\_\_

How much? \_\_\_\_\_

Time of day? \_\_\_\_\_

How many times? \_\_\_\_\_

How confident are you? \_\_\_\_\_

(0 = no confidence; 10 = total confidence)

# My Progress

*Did it!*

*Comments*

**Mon** \_\_\_\_\_

**Tues** \_\_\_\_\_

**Wed** \_\_\_\_\_

**Thu** \_\_\_\_\_

**Fri** \_\_\_\_\_

**Sat** \_\_\_\_\_

**Sun** \_\_\_\_\_

MF3195 April 2015

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