

Goal Follow up and New Goal

Name _____ Date _____

My Goal _____

- I am meeting my goal completely
- I meet my goal most of he time
- Sometimes I meet my goal
- I am not working on my goal

My Goal _____

- I am meeting my goal completely
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- Sometimes I meet my goal
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My Goal _____

- I am meeting my goal completely
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This week I will: _____ (What)
_____ (How much)
_____ (When)
_____ (How often)

How confident are you that you can do your plan? Score ____

This week I will: _____ (What)
_____ (How much)
_____ (When)
_____ (How often)

How confident are you that you can do your plan? Score ____

Signature _____