

My Action Plans (steps)



Name: _____

Goal:	Success? (circle)
<p>Step #</p> <p>Any barriers? Got a plan to overcome them?</p> <p>Confidence 0-----7-----10</p>	<p>Yes</p> <p><i>To some extent</i></p> <p>No</p> <p>What next?</p>
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