

MY GOAL

_____ month

_____ year

My Goal of This Month is _____

Your Name: _____

Your Accountable Person's Name: _____

3 Action Points to Accomplish This Goal:

Action 1: _____

Routine 1A: _____

Routine 1B: _____

Routine 1C: _____

Action 2: _____

Routine 2A: _____

Routine 2B: _____

Routine 2C: _____

Action 3: _____

Routine 3A: _____

Routine 3B: _____

Routine 3C: _____

Daily Routines: (check off each action point that you accomplished each day)

Day:	Action 1	Action 2	Action 3	Day:	Action 1	Action 2	Action 3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Eval	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Try Harder	4th Eval	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Try Harder
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2st Eval	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Try Harder	5th Eval	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Try Harder
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Eval	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Try Harder	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				6th Eval	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Try Harder

Self-Evaluation of This Month: Excellent Good Try Harder Next Month