**MY HEALTHY ACTIVE LIVING ACTION PLAN**

1. My Healthy Active Living goal is:

2. My goal is **SMAR T** (Describe how your goal meets the criteria):

**SPECIFIC** (Is it explicit/clear?)

**MEASURABLE** (How do you know when you get there?)

**ATTAINABLE** (Is it possible?)

**REALISTIC** (Is it probable?)

**TIMEFRAME FOR COMPLETION** (What are the timelines?)

3. After review of SMART formula, should I modify my goal? If so, how?

4. What specific knowledge/skills do I have that will enable me to achieve this goal?

|  |  |
| --- | --- |
| **Knowledge** | **Skills** |
|  |  |

5. **Action Steps**

Tomorrow I will:

Next week I will:

By next month, I will:

By the end of the school year, I will:

6. What challenges or barriers might prevent me from meeting my goal? What actions or steps could I take to overcome these challenges?

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7. Who can help me meet my challenges in the home/school/community?

8. How will I know I have been successful in achieving my goal? How will I reward myself?

9. If I have trouble, how will I get back on track?

|  |  |  |  |  |
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| Category | Level 1 | Level 2 | Level 3 | Level 4 |
| T**hinking**  Use of thinking skills | Uses thinking skills with a high degree effectiveness | Uses thinking skills with a high degree effectiveness | Uses thinking skills with a high degree effectiveness | Uses thinking skills with a high degree effectiveness |
| **Communication**  Communication of information and ideas | Communicates information and ideas with limited clarity | Communicates information and ideas with some clarity | Communicates information and ideas with considerable clarity | Communicates information and ideas with a high degree of clarity, and with confidence |

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