



Specific Action Steps for Achieving This Goal	Target Date	Date Reviewed	Date Completed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Method of Tracking Progress \_\_\_\_\_  
 \_\_\_\_\_

Does this goal support my values? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is it worth the time, effort, and money to reach this goal? \_\_\_\_\_ Yes. No \_\_\_\_\_ Yes, but later

AFFIRMATIONS TO SUPPORT THIS GOAL <i>Positive Statements to Raise Your Confidence</i>	VISUALIZATION	
	<i>Items to Use</i>	<i>Where to Use Them</i>

