

MY HEALTHY ACTIVE LIVING PLAN



NAME: _____

DATE: _____

MY HEALTHY ACTIVE LIVING GOAL IS.....

MY GOAL IS SPECIFIC BECAUSE.....

MY GOAL IS MEANINGFUL AND MEASURABLE BECAUSE

MY GOAL IS ACTION-ORIENTED BECAUSE....

MY GOAL IS REALISTIC BECAUSE.....

MY GOAL IS TIME-BOUND BECAUSE....

MY HEALTHY ACTIVE LIVING ACTION PLAN



NAME: _____

DATE: _____

TOMORROW I WILL

NEXT WEEK I WILL

BY THE END OF THE MONTH I WILL.....

THREE CHALLENGES AND/OR BARRIERS TO MEETING MY SMART GOALS...

THREE STRATEGIES I CAN USE TO OVERCOME THESE CHALLENGES OR BARRIERS ARE

*****I WILL KNOW I HAVE ACHIEVED MY GOAL WHEN....**