

"True to You" Project

Planning Worksheet



Student's Name: _____

Health Category: _____

SMARTER Goal Overview/Summary (An abbreviated version from your Goal Setting Worksheet)

What RESEARCH/READING/INVESTIGATING do you need to do before implementing this plan?

What will you MEASURE to determine whether or not you are progressing towards your goal?

Measure	Rationale for Measure—How does it relate to your goal?
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1. _____ _____	_____ _____ _____
2. _____ _____	_____ _____ _____ _____
3. _____ _____	_____ _____ _____ _____
4. _____ _____	_____ _____ _____ _____

During what TIME-FRAME do you anticipate... (Your Planning Calendar would be helpful here)

Taking your pre-assessment measures? (7 days total; data will be averaged for the week)

Start Date: _____ End Date: _____

Changing/modifying your behavior(s) to work towards your goal? (30 days minimum)

Start Date: _____ End Date: _____

Taking your post-assessment measures? (7 days total; data will be averaged for the week)

Start Date: _____ End Date: _____

What unique RESOURCES, TOOLS or MATERIALS might you need in working towards your goal?

Resource/Tool/Material

Purpose

How will you RECORD your measures and other aspects of you working towards your goal?

Type of Record

Rationale for Record

1. Pictures of me working on my project (required)

Visually represents my working towards my goal; pictures include my face in the frame (Selfies are not recommended... have someone else take pictures of you)

2. Pre- & Post- Assessment Data Tables/Summaries (required)

Provides a comparison of where I was *before* making changes in my behavior(s) and what I may have achieved as a result of my efforts *after* the allotted time-frame (Should include the measures identified on front of this worksheet)

3. _____

4. _____

Who will act as your MENTOR for this goal? (Mentor Guidelines available in project outline)

Name: _____ **Relationship to You:** _____

How do you see this mentor helping/supporting you as you work towards your health goal?

To be completed in pen by the mentor only:

Mentor's Printed Name

Mentor's Signature (signing acknowledges having reviewed this plan with the student)

Date plan was reviewed with the student