**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Action Plan Daily Log**

50 marks

**Decision Making** (10 marks)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cost | Support | Time | Compromise | Consequences |
| How much will my goal cost me?$\_\_\_\_\_\_\_\_\_\_\_ | Will the people close to me support my goal? Yes/No | How much of a time commit-ment is my goal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Is it worth it?Yes/No | How will this affect my health? |
| Can I afford it? Yes/No | Who will support me?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Can I afford to give up that time? Yes/No | Why? | How will this affect my family’s health? |
| Am I saving money? Yes/No |  |  |  | How will this affect the health of my community? |

Log: 5 marks/ day = 40 marks

**Day 1: date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I plan to do** | **When will I check in with my support person** | **What I did** | **Support person signature** |
|  |  |  |  |

**Day 2: date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I plan to do** | **When will I check in with my support person** | **What I did** | **Support person signature** |
|  |  |  |  |

**Day 3: date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I plan to do** | **When will I check in with my support person** | **What I did** | **Support person signature** |
|  |  |  |  |

**Day 4: date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I plan to do** | **When will I check in with my support person** | **What I did** | **Support person signature** |
|  |  |  |  |

**Day 5: date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I plan to do** | **When will I check in with my support person** | **What I did** | **Support person signature** |
|  |  |  |  |

**Day 6: date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I plan to do** | **When will I check in with my support person** | **What I did** | **Support person signature** |
|  |  |  |  |

**Day 7: date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I plan to do** | **When will I check in with my support person** | **What I did** | **Support person signature** |
|  |  |  |  |

**Day 8: date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **What I plan to do** | **When will I check in with my support person** | **What I did** | **Support person signature** |
|  |  |  |  |