

Take Action!

Implementation Task 9: Track Your Goals

Review the following segment of Module 3:

◆ *Reviewing Your Progress*

Then set specific deadlines and milestones for each goal and choose a tracking system to track your progress. Use the sample tracking forms in this implementation task, or create your own.

Month: _____

Goals	Week 1: _____	Week 2: _____	Week 3: _____	Week 4: _____
Goal 1:	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat
Goal 2:	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat
Goal 3:	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat
Goal 4:	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat
Goal 5:	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat	<input type="checkbox"/> M <input type="checkbox"/> Th <input type="checkbox"/> Sun <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W <input type="checkbox"/> Sat

Month: _____

Goals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Goal 1:																														
Goal 2:																														
Goal 3:																														
Goal 4:																														
Goal 5:																														
Goal 6:																														
Goal 7:																														
Goal 8:																														
Goal 9:																														
Goal 10:																														

Notes